



0005942099

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005942099

Date Filed: 10/15/2024 12:33:58 PM

Entity Name and Mailing Address:

Entity Name: ASSUREDPARTNERS OF MISSOURI, LLC
Foreign Name (name in home jurisdiction): ASSUREDPARTNERS OF MISSOURI, LLC
The file number of this entity on the records of the Idaho Secretary of State is: 0000401285
Address: 450 S ORANGE AVE.
4TH FLOOR
ORLANDO, FL 32801

Entity Details:

Entity Status: Active-Existing
This entity is organized under the laws of: MISSOURI
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: W131254

The registered agent on record is:

Registered Agent: C T CORPORATION SYSTEM
Commercial Registered Agent
Physical Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702
Mailing Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702

Agent or Address Change

☐ Select if you are appointing a new agent.

Limited Liability Company Managers and Members

Name	Title	Business Address
<input checked="" type="checkbox"/> Jim W. Henderson	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801
<input checked="" type="checkbox"/> Sean K. Smith	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801
<input checked="" type="checkbox"/> Paul Vredenburg	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801
<input checked="" type="checkbox"/> Randy Larsen	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801
<input checked="" type="checkbox"/> Jim W. Henderson	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801



<input checked="" type="checkbox"/> Sean K. Smith	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801
<input checked="" type="checkbox"/> Randy Larsen	Manager	450 S ORANGE AVE. 4TH FLOOR ORLANDO, FL 32801

The annual report must be signed by an authorized signer of the entity.
Job Title: Power of Attorney

Kelly Lettmann 10/15/2024

Sign Here _____ Date _____