2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020427

1. Entity Name
RISK SERVICES GROUP, LLC

Principal Place of Business	Mailing Address
2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309

04152008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0144810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEVAN, ALAN B
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	ABDO, JOHN E
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	CHERVONY, ANNE
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000924596
05/19/08-80007-022 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Alan B. Levan, Manager 4/24/08 954-940-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #