

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037339

**Entity Name:** AGILE RISK MANAGEMENT LLC

**Current Principal Place of Business:**

3333 W. KENNEDY BLVD. SUITE 201  
TAMPA, FL 33609

**Current Mailing Address:**

3333 W. KENNEDY BLVD. SUITE 201  
TAMPA, FL 33609 US

**FEI Number:** 20-0370544

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DECKER, MATTHEW J  
3333 W. KENNEDY BLVD. SUITE 201  
TAMPA, FL 33609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	DECKER, MATTHEW J	Name	SHANNON, MATTHEW M
Address	2911 WINDING TRAIL DRIVE	Address	3216 W PRICE AVE
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	TAMPA FL 33611

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW SHANNON

**PRINCIPAL**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date