

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099494

Entity Name: CENTERVILLE RISK, LLC

Current Principal Place of Business:

202 LOCHINVAR DR.
FERN PARK, FL 32730

Current Mailing Address:

202 LOCHINVAR DR.
FERN PARK, FL 32730

FEI Number: 45-3444171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABRIZIO, DINO
707 E WASHINGTON STREET
ORLANDO, FL 32801 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 MGR
Name ALVAREZ, P. RAUL
Address P.O. BOX 3511
City-State-Zip: ORLANDO FL 32802-3511

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: ALVAREZ, P. RAUL

MANAGER

02/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date