

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000177565

**Entity Name:** DLS RISK MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

8732 NW 147 LANE  
MIAMI LAKES, FL 33018

**Current Mailing Address:**

8732 NW 147 LANE  
MIAMI LAKES, FL 33018

**FEI Number:** 81-3970590

**Certificate of Status Desired:** No

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

GONZALEZ, LEO  
6175 NW 153 STREET  
SUITE 200  
MIAMI LAKES, FL 33014 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  
Name DI TOMASO, DESIREE  
Address 8732 NW 147 LANE  
City-State-Zip: MIAMI LAKES FL 33018

*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:** DESIREE DI TOMASO

MGRM

02/14/2017

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

\_\_\_\_\_  
Date