

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000112390

**Entity Name:** RISK SOLUTIONS INSURANCE BROKERAGE LLC

**Current Principal Place of Business:**

321 MONTGOMERY RD-  
SUITE 161148  
ALTAMONTE SPRINGS, FL 32716

**Current Mailing Address:**

321 MONTGOMERY RD-  
SUITE 161148  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 82-1625659

**Certificate of Status Desired:** No

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

SINGH, RAJENDRA  
321 MONTGOMERY RD-  
SUITE 161148  
ALTAMONTE SPRINGS, FL 32716 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:** RAJENDRA SINGH

05/14/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name SINGH, RAJENDRA  
Address 321 MONTGOMERY RD-  
SUITE 161148  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title AUTHORIZED MEMBER  
Name SINGH, NALINI  
Address 2081 SUNBOW AVE  
City-State-Zip: APOPKA FL 32703

*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:** RAJENDRA SINGH

AUTHORIZED MEMBER

05/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date