

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000112390

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

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
SUITE 725  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
SUITE 725  
ORLANDO, FL 32819 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SINGH, RAJENDRA  
5401 S KIRKMAN RD  
SUITE 725  
ORLANDO, FL 32819 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

02/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SINGH, RAJENDRA  
Address 5401 S KIRKMAN RD  
SUITE 725  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name SINGH, NALINI  
Address 5401 S KIRKMAN RD  
SUITE 725  
City-State-Zip: ORLANDO FL 32819

*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

PRESIDENT

02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date