

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000090496

Entity Name: STRONG TOWER RISK MANAGEMENT LLC

Current Principal Place of Business:

5644 TAVILLA CIRCLE SUITE 106
NAPLES, FL 34110

Current Mailing Address:

4867 WEST BLVD CT
NAPLES, FL 34103 UN

FEI Number: 82-5133339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHALKER, PATRICIA
4867 WEST BLVD CT
NAPLES, FL 34103 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	Title	MGR
Name	CHALKER, PATRICIA	Name	GLIWSKI, TREVOR
Address	4867 WEST BLVD CT	Address	4867 WEST BLVD CT
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103

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: PATRICIA CHALKER

MGR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date