

**2020 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 US

**FEI Number:** 82-5133339

**Certificate of Status Desired:** No

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

MROBERTS LAW, PLLC  
5625 STRAND BLVD  
STE 509  
NAPLES, FL 34110 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

**MANAGER**

**03/03/2020**

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

\_\_\_\_\_  
Date