

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000241681

Entity Name: W.I.S.E, 4 RISK LLC**Current Principal Place of Business:**8297 CHAMPIONS GATE BLVD
132
CHAMPIONS GATE, FL 33896**Current Mailing Address:**8297 CHAMPIONS GATE BLVD
132
CHAMPIONS GATE, FL 33896 US**FEI Number:** 83-2303005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, CHRIS
5728 MAJOR BLVD.
SUITE 730
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	W.I.S.E. SAFETY LLC
Address	8297 CHAMPIONS GATE BLVD, #132
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	A
Name	GLOBAL SOLUTIONS INC
Address	8297 CHAMPIONS GATE BLVD # 132
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	AMBR
Name	REEVES, TOM
Address	1232 LITTLE BEAR LOOP
City-State-Zip:	LEWIS CENTER OH 43035

Title	AMBR
Name	OBERHILL, MIKE
Address	712 OAK GROVE BLUFFS COURT
City-State-Zip:	ST. CHARLES MO 63304

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: MICHAEL FITCHETT

CEO

02/17/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date