

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000043883

**Entity Name:** ROAD SAFETY RISK MANAGEMENT LLC**Current Principal Place of Business:**10761 NW 89TH AVE  
HIALEAH GARDENS, FL 33018**Current Mailing Address:**10761 NW 89TH AVE  
HIALEAH GARDENS, FL 33018 US**FEI Number: 84-4733919****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRUZ-BUSTILLO, MIRIAM  
2525 PONCE DE LEON BLVD.  
SUITE 250  
CORAL GABLES, FL 33134 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	CUSCO, ALEJANDRO
Address	10761 NW 89TH AVENUE
City-State-Zip:	HIALEAH GARDENS FL 33018

Title	AMBR
Name	CUSCO, JORGE
Address	10761 NW 89TH AVENUE
City-State-Zip:	HIALEAH GARDENS FL 33018

Title	AMBR
Name	CUSCO, EDUARDO
Address	10761 NW 89TH AVE
City-State-Zip:	HIALIAH GARDENS FL 33018

Title	MGR
Name	SMITH, RAUL
Address	10761 NW 89TH AVE
City-State-Zip:	HIALIAH GARDENS FL 33018

Title	AMBR
Name	SOTOLONGO, RAUL
Address	10761 NW 89TH AVE
City-State-Zip:	HIALIAH GARDENS FL 33018

*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: ALEJANDRO CUSCO****MGR****01/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date