

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000300212

**Entity Name:** RISKPROOF LLC**Current Principal Place of Business:**1223 TADSWORTH TERRACE  
LAKE MARY, FL 32746**Current Mailing Address:**1223 TADSWORTH TERRACE  
LAKE MARY, FL 32746 US**FEI Number:** 85-3302225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, JUDY  
1209 TRENTWOOD CT  
LAKE MARY, FL 32746 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           | MANAGER                | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | ORTIZ, ALVARO A        | Name            | ORTIZ, MONIKA             |
| Address         | 1223 TADSWORTH TERRACE | Address         | 1223 TADSWORTH TERRACE    |
| City-State-Zip: | LAKE MARY FL 32746     | City-State-Zip: | LAKE MARY FL 32746        |
|                 |                        |                 |                           |
| Title           | AUTHORIZED MEMBER      |                 |                           |
| Name            | ORTIZ, JUDY            |                 |                           |
| Address         | 1209 TRENTWOOD CT.     |                 |                           |
| City-State-Zip: | LAKE MARY FL 32746     |                 |                           |

*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:** MONIKA ORTIZ**REPRESENTATIVE****04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date