

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000517954

Entity Name: CAPITAL RISK INSURANCE GROUP LLC

Current Principal Place of Business:

8436 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Current Mailing Address:

8436 W OAKLAND PARK BLVD
SUNRISE, FL 33351 US

FEI Number: 92-1310598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVERA, MELISSA
8436 W OAKLAND PARK BLVD
SUNRISE, FL 33351 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 AMBR
Name LOVERA, MELISSA
Address 405 S PINE ISLAND RD APT 213
City-State-Zip: PLANTATION FL 33324

Title AMBR
Name LLANES, JOEL
Address 2200 SW 46TH TER
City-State-Zip: FORT LAUDERDALE FL 33317

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: MELISSA LOVERA

AMBR

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date