

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001033

Entity Name: CONVERGENTRISK INSURANCE AGENCY LLC**Current Principal Place of Business:**7501 WISCONSIN AVE.
STE. 500 WEST
BETHESDA, MD 20814**Current Mailing Address:**7501 WISCONSIN AVE.,
STE. 500 WEST
BETHESDA, MD 20814 US**FEI Number:** 45-4599805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	IANNARONE, DAVID B
Address	7501 WISCONSIN AVENUE, SUITE 500 WEST
City-State-Zip:	BETHESDA MD 20814

Title	MGR
Name	CUNNINGHAM, BRUCE
Address	7501 WISCONSIN AVENUE SUITE 500 WEST
City-State-Zip:	BETHESDA MD 20814

Title	MGR
Name	O'NEIL, GEORGE
Address	7501 WISCONSIN AVE., STE. 500 WEST
City-State-Zip:	BETHESDA MD 20814

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: GEORGE O'NEIL**MANAGING DIRECTOR****04/24/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date