

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003973

Entity Name: CYBER RISK MANAGEMENT, LLC

Current Principal Place of Business:

201 E KENNEDY BLVD., SUITE 1750
TAMPA, FL 33602

Current Mailing Address:

201 E KENNEDY BLVD., SUITE 1750
TAMPA, FL 33602 US

FEI Number: 46-2641539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 ALLINGHAM, BRIAN
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title MGR
Name COOK, MILES
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title MGR
Name EATROFF, BRUCE
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title MGR, CEO
Name MARLIER, BRIAN
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title MGR
Name SCHLEICHER, JOEL
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title CFO
Name LOPEZ, LOUISE
Address 201 E KENNEDY BLVD STE 1750
City-State-Zip: TAMPA FL 33602

Title MGR
Name TORGERSON, KEVIN
Address 201 E KENNEDY BLVD., SUITE 1750
City-State-Zip: TAMPA FL 33602

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: BRIAN MARLIER

MANAGER

06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date