

**2019 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 METZGER, JAMES  
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:** JAMES METZGER

CFO

02/22/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date