

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000005042

Entity Name: SECURITY RISK ADVISORS INTL, LLC**Current Principal Place of Business:**1760 MARKET ST.
3RD FLOOR
PHILADELPHIA, PA 19103**Current Mailing Address:**1760 MARKET ST.
3RD FLOOR
PHILADELPHIA, PA 19103 US**FEI Number:** 84-4034514**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MEMBER
Name	PIVA, MARIO
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

Title	MEMBER
Name	PINCH, MICHAEL
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

Title	MEMBER
Name	ANGELOFF, CARL
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

Title	MEMBER
Name	WAINWRIGHT, PHYLLIS
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

Title	MEMBER
Name	SALERNO, CHRISTOPHER
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

Title	MEMBER
Name	WAINWRIGHT, TIMOTHY
Address	1760 MARKET ST. 3RD FLOOR
City-State-Zip:	PHILADELPHIA PA 19103

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: SALERNO, CHRISTOPHER

MEMBER

02/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date