

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012040

Entity Name: OROS RISK SOLUTIONS, LLC

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

498 S LAKE DESTINY RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

498 S LAKE DESTINY RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3674842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI MASI, JOHN L ESQUIRE
LAW OFFICES OF JOHN L. DI MASI, P.A.
207 E. LIVINGSTON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUMBRA, ROBINSON & A, SSOC., INC.
Address: 498 S LAKE DESTINY RD
City-St-Zip: ORLANDO, FL 32810

Title: MGRM () Delete
Name: KATZ, JONATHAN
Address: 6233 RYDAL ST
City-St-Zip: WINDERMERE, FL 34788

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SUSAN M LUMBRA

ACCT

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date