

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 010 ****55.00

DOCUMENT # L02000000042

1. Entity Name

PROFESSIONAL RISK MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10126 Diamond Lake Rd

3. Mailing Address

18687 Anchor Dr

Suite, Apt. #, etc.

Boynton Beach, FL

Suite, Apt. #, etc.

Boca Raton, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

33437

Country

USA

Zip

33498

Country

USA

4. FEI Number

75-3015638

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jerry H. Agtman

Street Address (P.O. Box Number is Not Acceptable)

10126 Diamond Lake Rd

City

Boynton Bch

FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

4/8/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

Jerry Agtman
10126 Diamond Lake Rd
Boynton Bch, FL 33437

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

Jim Rice
P.O. Box 810849
Boca Raton, FL 33481-8849

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

Michael W. Houston
18687 Anchor Dr.
Boca Raton, FL 33498

TITLE
NAME

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)