

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001836**

**1. Entity Name**  
**NATIONAL RISK EXPERTS, LLC**



**Principal Place of Business**  
11380 PROSPERITY FARMS RD  
SUITE 113  
PALM BEACH GARDENS, FL 33410

**Mailing Address**  
11380 PROSPERITY FARMS RD.  
SUITE 113  
PALM BEACH GARDENS, FL 33410



04302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1158816

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CONSULTING PARTNERS NETWORK, INC  
11380 PROSPERITY FARMS RD  
SUITE 113  
PALM BEACH GARDENS, FL 33410

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>CONSULTING PARTNERS NETWORK INC</b>
<b>STREET ADDRESS</b>	<b>11380 PROSPERITY FARMS RD., #113</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33410</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000947004  
05/30/08-80072-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/30/08

Date

561-775-2588

Daytime Phone #