

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011324

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** RISK MANAGEMENT ADVISORS, LLC

**Current Principal Place of Business:**

212 HARBOUR SQUARE  
4134 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

207 HARBOUR SQUARE  
4134 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

212 HARBOUR SQUARE  
4134 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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  
Name: HUNTER-HENDERSON, ALASTAIR DR  
Address: 761 DREAM ISLAND ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM  
Name: MARSHALL, NORALYN DR  
Address: 761 DREAM ISLAND ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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: ALASTAIR HUNTER-HENDERSON                      MGRM                      02/06/2012

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