07-12-2004 90173 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-12-2007-9517-3-002 ****50.00 E02000015162 **DOCUMENT # L02000015162** 04 JUL 19 PH 1: 36 1. Entity Name RISK CONTROL CONSULTANTS, LLC SERRETALLY OF STATE TALLAMASSEE FLORIDA WJH Principal Place of Business Mailing Address 154 N.W. 132 PLACE MIAMI FL 33182 154 N.W. 132 PLACE, MIAMI FL 33182 34009219 2. Principal Place of Business 3. Mailing Address 454 NW 132nd Place 454 NW 132nd Place Suite, Apr. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (4/04) City & State City & State 4. FEI Number Applied Miami, Florida Not Applicable Miami. Ji Country Ziρ Country \$5.00 Additional Zip 3318264 5. Certificate of Status Desired Fee Required Miami Dade 33182
6. Name and Address of Current Registered Agent <u>Miami Dade</u> Name and Address of New Registered Agent Name Orfilio Borrego
Street Address (P.O. Box Number is Not Acceptable) PROHIAS, RAFAEL G C/O HUNTON & WILLIAMS 454 NW 132nd Place 1111 BRICKELL AVENUE **MIAMI FL 33131** Zip Code <u>Miami</u> 33182 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 Bone SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. nne TITLE Change Addition Delete PRESIDENT NAME NAME Orfilio Borrego STREET ADDRESS STREET ADDRESS 454 NW 132nd Place CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33182 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP . Delete ·IIILE* TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 305-710-8556 GER, MANAGER, OR AUTHORIZED REPRESE SIGNATURE:

Attachments

20f2

RISK CONTROL CONSULTANTS

40200015162

July 9, 2004

Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FI 32314

Re: Risk Control Consultants, LLC status.

To Whom It May Concern:

Please note that there was an error committed on the business/mailing address; therefore, I called your office and I was told to fill out this document along with a \$ 100.00. Thank you all for your attention I am very appreciative.

Please feel free to contact me at anytime for any questions at 305-710-8556. I called my bank and they need me to correct my status ASAP.

Thank you,

Orfillo Borrego President