

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000015162

**Entity Name:** RISK CONTROL CONSULTANTS, LLC

**FILED**  
**Oct 31, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

454 NW 132ND PLACE  
MIAMI, FL 33182

**New Principal Place of Business:**

15621 SW 31 ST LANE  
MIAMI, FL 33185

**Current Mailing Address:**

454 NW 132ND PLACE  
MIAMI, FL 33182

**New Mailing Address:**

15621 SW 31 ST LANE  
MIAMI, FL 33185

**FEI Number:** 42-1570125      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BORREGO, ORFILIO  
454 NW 132ND PLACE  
MIAMI, FL 33182    US

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

BORREGO, ORFILIO  
15621 SW 31 ST LANE  
MIAMI, FL 33185    US

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: ORFILIO BORREGO

10/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P      ( ) Delete  
Name: BORREGO, ORFILIO  
Address: 454 NW 132ND PLACE  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: BORREGO, ORFILIO  
Address: 15621 SW 31 ST LANE  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORFILIO BORREGO

MGRM

10/31/2005

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