

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029350

FILED
Oct 06, 2005
Secretary of State

Entity Name: EQUITY RISK MANAGEMENT, L.C.

Current Principal Place of Business:

2303 S.E. 17TH STREET, SUITE 205
OCALA, FL 34471

New Principal Place of Business:

1805 SOUTHEAST 16TH AVENUE
102
OCALA, FL 34471

Current Mailing Address:

2303 S.E. 17TH STREET, SUITE 205
OCALA, FL 34471

New Mailing Address:

1805 SOUTHEAST 16TH AVENUE
102
OCALA, FL 34471

FEI Number: 59-3758945 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

WILSON, DAVID A
1409 N.E. 22ND AVENUE
OCALA, FL 34470 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: DAVID WILSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BUTLER, WESLEY
Address: 2303 S.E. 17TH STREET, SUITE 205
City-St-Zip: Ocala, FL 34471

Title: MGR (X) Change () Addition
Name: RODGERS, JASON
Address: 1805 SOUTHEAST 16TH AVENUE, #102
City-St-Zip: Ocala, FL 34471

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: JASON RODGERS

MGR

10/06/2005

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