## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037339

Entity Name: AGILE RISK MANAGEMENT LLC

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2202 N WESTSHORE BLVD SUITE 200 TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

2911 WINDING TRAIL DRIVE 2202 N WESTSHORE BLVD VALRICO, FL 33594 US SUITE 200 TAMPA, FL 33607 US

FEI Number: 20-0370544 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DECKER, MATTHEW J
2911 WINDING TRAIL DRIVE
VALRICO, FL 33594 US

DECKER, MATTHEW J
2911 WINDING TRAIL DRIVE
VALRICO, FL 33596 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: MATTHEW J DECKER 01/07/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition Name: DECKER, MATTHEW J Name: DECKER, MATTHEW J Address: 2911 WINDING TRAIL DRIVE Address: 2911 WINDING TRAIL DRIVE City-St-Zip: VALRICO, FL 33594 US City-St-Zip: VALRICO, FL 33596 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition Name: SHANNON, MATTHEW M Name:

 Name:
 SHANNON, MATTHEW M
 Name:

 Address:
 3216 W PRICE AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33611 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW J DECKER MGRM 01/07/2008