

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000050355

**Entity Name:** WTS RISK, LLC

**FILED**  
**Oct 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5050 W LEMON ST.  
TAMPA, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

5050 W LEMON ST.  
TAMPA, FL 32609 US

**New Mailing Address:**

**FEI Number:** 84-1642346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BEAN, THOMAS J  
Address: 5050 W LEMON ST.  
City-St-Zip: TAMPA, FL 32609 US

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: THOMAS J BEAN

MGR

10/25/2011

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