

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053189

FILED
Apr 25, 2005
Secretary of State

Entity Name: INTEGRATED RISK COOPERATIVE, LLC

Current Principal Place of Business:

510 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

510 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LETO, SHERON A
5610 PURITAN ROAD
TAMPA, FL 33617 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SIMPSON, GLENN W
Address: 2835 BAYSHORE TRAIL DRIVE
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: LETO, SHERON A
Address: 510 ROYAL GREENS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERON ALVES LETO MGR 04/25/2005

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