

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079860 1. Entity Name RISCSERV LLC	
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Principal Place of Business 8450 TALLAHASSEE DR NE ST. PETERSBURG, FL 33702 US	Mailing Address 8450 TALLAHASSEE DR NE ST. PETERSBURG, FL 33702 US
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02262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2000248	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MENKE, ROBERT G 8450 TALLAHASSEE DR NE ST. PETERSBURG, FL 33702

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**100000496457
04/22/06-80012-021 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENKE, ROBERT G 8450 TALLAHASSEE DR NE FL, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'KEEFE, JOSEPH G 3324 SAN MIGUEL ST. TAMPA, FL 33629
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:  **Robert G. Menke** **4-03-06** **727-403 6640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone F