

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084199

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** KASMAT RISK MANAGEMENT LLC

**Current Principal Place of Business:**

19448 BOBOLINK DRIVE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

19448 BOBOLINK DRIVE  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 20-3368658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MATIENZO, PETER J  
19448 BOBOLINK DRIVE  
MIAMI, FL 33015 US

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

BARLETTA, JORDAN F  
19448 BOBOLINK DRIVE  
MIAMI, FL 33015 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: JORDAN BARLETTA

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MATIENZO, PETER J  
Address: 19448 BOBOLINK DRIVE  
City-St-Zip: MIAMI, FL 33015 US

Title: V.P.  
Name: BARLETTA, JORDAN F  
Address: 19448 BOBOLINK DRIVE  
City-St-Zip: MIAMI, FL 33015 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: JORDAN BARLETTA

VP

02/16/2010

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