

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000028093

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** ENR RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

5621 HARBORSIDE DR  
TAMPA, FL 33615

**New Principal Place of Business:**

1421 NE 10TH LANE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

5621 HARBORSIDE DR  
TAMPA, FL 33615

**New Mailing Address:**

1421 NE 10TH LANE  
CAPE CORAL, FL 33909

**FEI Number:** 20-8632869      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RIGGS, JON  
5621 HARBORSIDE DR  
TAMPA, FL 33615    US

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

RIGGS, JON  
1421 NE 10TH LANE  
CAPE CORAL, FL 33909    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: JON D RIGGS

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RIGGS, JON  
Address: 5621 HARBORSIDE DR  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: RIGGS, JON  
Address: 1421 NE 10TH LANE  
City-St-Zip: CAPE CORAL, FL 33909

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: JON D RIGGS

MM

01/09/2009

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