

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062295

FILED
Feb 06, 2009
Secretary of State

Entity Name: PROPTEK RISK, LLC

Current Principal Place of Business:

C/O T. CHADDERTON
999 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O T. CHADDERTON
999 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2177637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERE, LESLIE A ESQ.
C/O GEORGE HARTZ P.A.
4800 LE JEUNE ROAD
CORAL GABLES, FL 33146 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/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, BRUCE W
Address: 420 SOUTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: CHADDERTON, TREVOR B
Address: 999 PONCE DE LEON BLVD., SUITE 1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: REISS, EDWARD M
Address: 207 E. HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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

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 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: BRUCE NEWMAN

MGRM

02/06/2009

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