

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062295

Entity Name: PROPTEK RISK, LLC

FILED  
Apr 13, 2011  
Secretary of State

**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  
Name: NEWMAN, BRUCE W  
Address: 340 SOUTH BEACH STREET SUITE 140  
City-St-Zip: DAYTONA BEACH, FL 32174

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

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

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: BRUCE NEWMAN

MGRM

04/13/2011

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