2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000002957

Entity Name: TOTAL RISK MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

3405 W. FLETCHER AVENUE
TAMPA, FL 33618

New Principal Place of Business:

3924 PREMIER NORTH DR
TAMPA, FL 33618

Current Mailing Address:

3405 W. FLETCHER AVENUE
TAMPA, FL 33618

New Mailing Address:

3924 PREMIER NORTH DR
TAMPA, FL 33618

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVEN W. MOORE, P.A.
8200 BRYAN DAIRY ROAD, SUITE 300
LARGO, FL 33777 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: MGR ( ) Delete
Name: RUILOVA, VINCENT IV
Address: 3405 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RUILOVA, VINCENT IV
Address: 3924 PREMIER NORTH DR
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Change (X) Addition
Name: JONES, OLEN K
Address: 3924 PREMIER NORTH DR
City-St-Zip: TAMPA, FL 33618

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: OLEN K JONES MGR 04/27/2009

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