

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002957

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3924 PREMIER NORTH DR  
TAMPA, FL 33618

**New Principal Place of Business:**

15350 N FLORIDA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

3924 PREMIER NORTH DR  
TAMPA, FL 33618

**New Mailing Address:**

15350 N FLORIDA AVE  
TAMPA, FL 33613

**FEI Number:** 26-1723914

**FEI Number Applied For ( )**

**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  
Name: RUILOVA, VINCENT IV  
Address: 15350 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613

Title: MGR  
Name: JONES, OLEN K  
Address: 15350 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613

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: OLEN K JONES

MGR

02/07/2011

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