

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015175

FILED  
Jul 16, 2009  
Secretary of State

**Entity Name:** LYNCH RISK MANAGEMENT AND INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

10337 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

10337 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 26-2492995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

W. RODGERS MOORE, P.A.  
1900 GLADES RD SUITE 401  
BOCA RATON, FL 33431 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: LYNCH, BRENDAN T  
Address: 10337 N. MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: LYNCH, CONNOR C  
Address: 10337 N. MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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:** BRENDAN LYNCH

MGR

07/16/2009

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