2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# L08000041811

Entity Name: ENCOMPASS RISK SOLUTIONS, LLC

Current Principal Place of Business:

501 MUIRFIELD DR.
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

4521 PGA BLVD.
SUITE 187
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

501 MUIRFIELD DR.
ATLANTIS, FL 33462 US

FEI Number: 74-3258821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, ILEANA
501 MUIRFIELD DR.
ATLANTIS, FL 33462 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS. ( ) Change (X) Addition
Name: GONZALEZ, ILEANA C PRES
Address: 501 MUIRFIELD DRIVE
City-St-Zip: ATLANTIS, FL 33462 PB

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: ILEANAGONZALEZ PRES 06/18/2009

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