2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000077177

Entity Name: PRAXIOM RISK MANAGEMENT, LLC

Current Principal Place of Business:

809 E BLOOMINGDALE AVE #300
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

809 E BLOOMINGDALE AVE #300
BRANDON, FL 33511

New Mailing Address:

FEI Number: 26-3168480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAROTHERS, DAVID E
809 E BLOOMINGDALE AVE #300
BRANDON, FL 33511 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:

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

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: CAROTHERS, DAVID E MANAGER
Address: 809 EAST BLOOMINGDALE AVENUE #300
City-St-Zip: BRANDON, FL 33511

Title: MS. ( ) Change (X) Addition
Name: DEANGELO, DINDI A MANAGER
Address: 809 EAST BLOOMINGDALE #300
City-St-Zip: BRANDON, FL 33511

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: DAVID E. CAROTHERS MR. 01/07/2009

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