

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006106

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** RISK TRANSFER PROGRAMS, LLC

**Current Principal Place of Business:**

219 E. LIVINGSTON ST  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

219 E. LIVINGSTON ST  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 26-4106325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWMAN, WILLIAM R JR ESQ  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801 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:** HUGHES, PAUL R  
**Address:** 219 E. LIVINGSTON ST  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** P  
**Name:** FABRIZIO, DINO A  
**Address:** 219 E LIVINGSTON STREET  
**City-St-Zip:** ORLANDO, FL 32801

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:** PAUL R HUGHES

MGR

01/06/2011

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