

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006666

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** RISK ASSESSMENT CONSULTING, LLC

**Current Principal Place of Business:**

1454 REUNION BLVD  
REUNION, FL 34747

**New Principal Place of Business:**

70 OCEAN OAKS LN  
PALM COAST, FL 32137

**Current Mailing Address:**

1454 REUNION BLVD  
REUNION, FL 34747

**New Mailing Address:**

70 OCEAN OAKS LN  
PALM COAST, FLORIDA, FL 32137

**FEI Number:** 30-0527261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, WILLIAM R  
1454 REUNION BLVD  
REUNION, FL 34747 US

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

WHITE, WILLIAM R  
70 OCEAN OAKS LN  
PALM COAST, FL 32137 US

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: WILLIAM WHITE

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: WHITE, WILLIAM R  
Address: 70 OCEAN OAKS LN  
City-St-Zip: PALM COAST, FL 3213

Title: V.P.  
Name: WHITE, JOANNE  
Address: 70 OCEAN OAKS LN  
City-St-Zip: PALM COAST, FL 32137

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: WILLIAM WHITE

PRES

04/07/2010

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