

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059678

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** GCM INSURANCE & RISK MANAGEMENT ADVISORS, LLC

**Current Principal Place of Business:**

1910 E. PALM AVE #8202  
TAMPA, FL 33605

**New Principal Place of Business:**

1726 E. 7TH AVE  
22  
TAMPA, FL 33605

**Current Mailing Address:**

1910 E. PALM AVE #8202  
TAMPA, FL 33605

**New Mailing Address:**

1726 E. 7TH AVE  
22  
TAMPA, FL 33605

FEI Number: 27-0240401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEHLICH, GRANT  
1910 E. PALM AVE #8202  
TAMPA, FL 33605 US

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

MEHLICH, GRANT  
1810 E. PALM AVE  
5107  
TAMPA, FL 33605 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: GRANT MEHLICH

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEHLICH, GRANT  
Address: 1810 E. PALM AVE #5107  
City-St-Zip: TAMPA, FL 33605

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: GRANT MEHLICH

MGR

04/12/2010

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