

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119144

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** LINQ RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE 1200  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
SUITE 1200  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-1485224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, CARLOS M  
2100 PONCE DE LEON BLVD.  
SUITE 1200  
CORAL GABLES, FL 33134 US

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

GARCIA, ALEJANDRO  
2100 PONCE DE LEON BLVD.  
SUITE 1200  
CORAL GABLES, FL 33134 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:** ALEJANDRO GARCIA

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GARCIA, ALEJANDRO  
**Address:** 2100 PONCE DE LEON BLVD., SUITE 1200  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** ALEX GARCIA

P

04/19/2012

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