

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109551

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** OPTIMA RISK INTERMEDIARIES, LLC

**Current Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 260546  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

CASTRO, LISA M  
5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126 US

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

HERNANDEZ CASTRO, LISA M  
5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126 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: LISA M HERNANDEZ CASTRO

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PREMIER RISK MANAGEMENT, LLC  
Address: P.O. BOX 260546  
City-St-Zip: MIAMI, FL 33126

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: PREMIER RISK MANAGEMENT

MGRM

01/23/2012

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