

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000778

**FILED  
Apr 19, 2011  
Secretary of State**

**Entity Name:** SAF\*RISK L.C.

**Current Principal Place of Business:**

19610 GULF BOULEVARD  
SUITE 416  
ST. PETERSBURG, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19610 GULF BOULEVARD  
SUITE 416  
ST. PETERSBURG, FL 33785

**New Mailing Address:**

**FEI Number:** 59-3344580      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BELL, JOHN U  
SUITE 416, 19610 GULF BOULEVARD  
ST. PETERSBURG, FL 33785    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:** MGRM  
**Name:** BELL, JOHN U  
**Address:** SUITE 416, 19610 GULF BOULEVARD  
**City-St-Zip:** ST. PETERSBURG, FL 33785

**Title:** MGRM  
**Name:** FERENC, SUSAN A  
**Address:** SUITE 416, 19610 GULF BOULEVARD  
**City-St-Zip:** ST. PETERSBURG, FL 33785

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: JOHN U. BELL      MGRM      04/19/2011

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