2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003645

1. Entity Name

SPECIALTY RISK MANAGEMENT SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:38

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE, SUITE 260 FORT MYERS FL 33907	12800 UNIVERSITY DRIVE, SUITE 260 FORT MYERS FL 33907-5335

2. Principal Place of Business	3. Mailing Address
12800 University Dr	12800 University Dr
Suite, Apt. #, etc.: Suite 575	Suite, Apt. #, etc.: Suite 575
City & State: Fort Myers Fl.	City & State: Ft. Myers Fl
Zip: 33907 / Country: Lee	Zip: 33907 / Country: Lee

DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 65-0923164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWKINS, ELAINE A 12800 UNIVERSITY DRIVE, SUITE 260 FORT MYERS FL 33907	Name: Hawkins, Elaine A Street Address (P.O. Box Number is Not Acceptable): 12800 University Dr Suite 575 City: Fort Myers FL Zip Code: 33908

8. 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 [signature] 1-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, ELAINE A 6642 DANIEL COURT FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003102445 -01/19/00--01040--020 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Elaine A. Hawkins

SIGNATURE: SIGNATURE REQUIRED [signature] 1-4-00 941-481-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #