2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90086 047 ****50.00

DOCUMENT # L99000003645

1. Entity Name
SPECIALTY RISK MANAGEMENT SERVICES, L.L.C.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE, SUITE 575 FORT MYERS FL 33907	12800 UNIVERSITY DRIVE, SUITE 575 FORT MYERS FL 33907

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9736 Commerce Center Ct.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, Fl	City & State
Zip: 33907 / Country: Lee	Zip / Country

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 575 FORT MYERS FL 33907	Name: Hawkins, Elaine A. Street Address (P.O. Box Number is Not Acceptable): 9736 Commerce Center Ct. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-11-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			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		☐ Change ☐ Addition
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CR2E083 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED [signature] 4-11-03 239-481-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #