

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002949

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SPECIAL RISK MARKETING SERVICES LLC

**Current Principal Place of Business:**

3990 BRONX BOULEVARD SUITE 5L  
BRONX, NY 10466

**New Principal Place of Business:**

3990 BRONX BOULEVARD SUITE 5L  
BRONX, NY 10466 US

**Current Mailing Address:**

3990 BRONX BOULEVARD SUITE 5L  
BRONX, NY 10466

**New Mailing Address:**

3990 BRONX BOULEVARD SUITE 5L  
BRONX, NY 10466 US

FEI Number: 36-4489064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KEEVERS, TIMOTHY L  
2603 COASTAL RANGE WAY  
LUTZ, FL 33559 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 ( ) Delete  
Name: BRADLEY, VERNON  
Address: 3990 BRONX BLVD., SUITE 5L  
City-St-Zip: NEW YORK, NY 10466

Title: MGRM ( ) Delete  
Name: KEEVERS, TIMOTHY L  
Address: 2603 COASTAL RANGE WAY  
City-St-Zip: LUTZ, FL 33559 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRADLEY, VERNON  
Address: 3990 BRONX BLVD., SUITE 5L  
City-St-Zip: NEW YORK, NY 10466 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VERNON BRADLEY

MGRM

03/20/2009

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