

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004017

FILED
Mar 17, 2011
Secretary of State

Entity Name: PROFESSIONAL RISK SOLUTIONS, LLC

Current Principal Place of Business:

285 DAVIDSON AVENUE, SUITE 101
SOMERSET, NJ 08873

New Principal Place of Business:

37 MOUNTAIN BOULEVARD
SUITE 3
WARREN, NJ 07059

Current Mailing Address:

285 DAVIDSON AVENUE, SUITE 101
SOMERSET, NJ 08873

New Mailing Address:

37 MOUNTAIN BOULEVARD
SUITE 3
WARREN, NJ 07059

FEI Number: 22-3824857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR
Name: SALTER, DEANDRE
Address: 37 MOUNTAIN BOULEVARD, SUITE 3
City-St-Zip: WARREN, NJ 07059

Title: MGR
Name: ZORTMAN, KATHLEEN
Address: 37 MOUNTAIN BOULEVARD, SUITE 3
City-St-Zip: WARREN, NJ 07059

Title: MGR
Name: GRIMES, FREDERICK
Address: 37 MOUNTAIN BOULEVARD, SUITE 3
City-St-Zip: WARREN, NJ 07059

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: DE'ANDRE SALTER

MR.

03/17/2011

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