

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M12000004815

**FILED**  
**Jun 23, 2014**  
**Secretary of State**

**Entity Name:** PARTNERS RISK SERVICES, L.L.C.

**Current Principal Place of Business:**

10692 MEDLOCK BRIDGE ROAD, SUITE 210  
JOHNS CREEK, GA 30097

**New Principal Place of Business:**

10692 MEDLOCK BRIDGE ROAD SUITE 210  
JOHNS CREEK, GA 30097

**Current Mailing Address:**

10692 MEDLOCK BRIDGE ROAD, SUITE 210  
JOHNS CREEK, GA 30097

**New Mailing Address:**

PO BOX 3272  
DULUTH, GA 30096

**FEI Number:** 45-4391784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MARIA OZAETA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ROYAL, MICHAEL  
Address: 10692 MEDLOCK BRIDGE ROAD, SUITE 210  
City-St-Zip: JOHNS CREEK, GA 30097

Title: D  
Name: THOMPSON, JOSEPH  
Address: 10692 MEDLOCK BRIDGE ROAD, SUITE 210  
City-St-Zip: JOHNS CREEK, GA 30097

Title: D  
Name: BOGGUS, DONALD  
Address: 10692 MEDLOCK BRIDGE ROAD, SUITE 210  
City-St-Zip: JOHNS CREEK, GA 30097

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL ROYAL

MGR

06/23/2014

Electronic Signature of Authorized Person

Date