

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000000148

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1800 SECOND STREET, SUITE 909 E  
SARASOTA, FL 34236

**New Principal Place of Business:**

1605 MAIN STREET, STE 800  
SARASOTA, FL 34236

**Current Mailing Address:**

1800 SECOND STREET, SUITE 909 E  
SARASOTA, FL 34236

**New Mailing Address:**

1605 MAIN STREET, STE 800  
SARASOTA, FL 34236

**FEI Number:** 03-0355638

**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: MGRS  
Name: HARKAVY, JON  
Address: 2233 WISCONSIN AVE NW, SUITE 310  
City-St-Zip: WASHINGTON, DC 20007

Title: MGRP  
Name: ROGERS, MICHAEL T  
Address: 1605 MAIN STREET, STE 800  
City-St-Zip: SARASOTA, FL 34236

Title: MGR  
Name: HOLLANDER, STUART  
Address: 59 MAIDEN LANE, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR  
Name: STAPLETON, SEAN  
Address: 2200 HIGHWAY 121, STE 100  
City-St-Zip: BEDFORD, TX 76021

Title: MGR  
Name: ROY, PAMELA  
Address: 1605 MAIN ST., STE 800  
City-St-Zip: SARASOTA, FL 34236

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: MICHAEL T ROGERS

MGRP

04/02/2012

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