

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012680

Entity Name: RETHINK RISK MANAGEMENT, LLC

Current Principal Place of Business:

13005 SW 1ST RD
SUITE 223
JONESVILLE, FL 32669

Current Mailing Address:

13005 SW 1ST RD
SUITE 223
JONESVILLE, FL 32669 US

FEI Number: 32-0011310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREWEEK, TIMOTHY J
13005 SW 1ST ROAD
SUITE 223
JONESVILLE, FL 32669 US

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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name TREWEEK, TIMOTHY J
Address 13005 SW 1ST ROAD, SUITE 223
City-State-Zip: JONESVILLE FL 32669

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J TREWEEK

MANAGING MEMBER

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date