

**2016 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  
JONESTOWN, FL 32669

**Current Mailing Address:**

13005 SW 1ST RD  
SUITE 223  
JONESTOWN, 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  
JONESTOWN, 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            PRESIDENT  
Name            TREWEEK, TIMOTHY J  
Address        13005 SW 1ST ROAD, SUITE 223  
City-State-Zip: JONESTOWN 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

**PRINCIPAL**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date