

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079197

**Entity Name:** HARBOUR RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

3401 TAMIAMI TRAIL NORTH  
SUITE 210  
NAPLES, FL 34103

**Current Mailing Address:**

% WILL KASTROLL  
3401 TAMIAMI TRAIL NORTH., SUITE 210  
NAPLES, FL 34103 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NOVATT, JEFF ESQ.  
1415 PANTHER LANE  
SUITE 327  
NAPLES, FL 34109 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:** JEFF NOVATT, ESQ.

03/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KASTROLL, WILLIAM H  
Address % WILL KASTROLL  
3401 TAMIAMI TRAIL NORTH., SUITE  
210  
City-State-Zip: NAPLES FL 34103

*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:** WILLIAM H. KASTROLL

MGR

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date