

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006106

Entity Name: RISK TRANSFER PROGRAMS, LLC

Current Principal Place of Business:

707 E WASHINGTON STREET
ORLANDO, FL 32801

Current Mailing Address:

707 E WASHINGTON STREET
ORLANDO, FL 32801 US

FEI Number: 26-4106325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM RJR ESQ
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 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 MGR
Name HUGHES, PAUL R
Address 707 E WASHINGTON STREET
City-State-Zip: ORLANDO FL 32801

Title P
Name FABRIZIO, DINO A
Address 707 E WASHINGTON STREET
City-State-Zip: ORLANDO FL 32801

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: PAUL R HUGHES

MGR

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date