

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000101171

**Entity Name:** SENKARIK RISK SERVICES, LLC

**Current Principal Place of Business:**

1855 W S/R 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 391  
SANFORD, FL 32772 US

**FEI Number:** 47-1199872

**Certificate of Status Desired:** No

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

SENKARIK, JERRY W  
116 WOOD RIDGE TRAIL  
SANFORD, FL 32771 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 SENKARIK, JERRY W  
Address 1855 W S/R 434  
City-State-Zip: LONGWOOD FL 32750

*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:** JERRY W SENKARIK

MGR

06/10/2015

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

\_\_\_\_\_ Date