

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005297

Entity Name: FOSTER RISK SOLUTIONS, LLC

Current Principal Place of Business:

1005 W STATE RD 84
SUITE 121
FORT LAUDERDALE, FL 33315

Current Mailing Address:

1005 W STATE RD 84
SUITE 121
FORT LAUDERDALE, FL 33315 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, THOMAS
1005 W STATE RD 84
SUITE 121
FORT LAUDERDALE, FL 33315 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 AMBR
Name FOSTER, THOMAS
Address 1005 W STATE RD 84
 SUITE 121
City-State-Zip: FORT LAUDERDALE FL 33315

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: THOMAS FOSTER

MANAGING MEMBER

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date