

**2019 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 P. FOSTER JR.

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_ Date