

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000293022

**Entity Name:** DE-RISK AGENCY LLC

**Current Principal Place of Business:**

8101 BISCAYNE BLVD  
SUITE R-308  
MIAMI, FL 33138

**Current Mailing Address:**

8101 BISCAYNE BLVD  
SUITE R-308  
MIAMI, FL 33138 US

**FEI Number:** 85-3219847

**Certificate of Status Desired:** No

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

FINANCIAL SOLUTIONS MSC CORP  
1110 BRICKELL AVENUE  
SUITE 701  
MIAMI, FL 33131 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 BEREND, DAVID  
Address 8101 BISCAYNE BLVD SUITE R-308  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name BEREND, KAREN  
Address 8101 BISCAYNE BLVD SUITE R-308  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name GOLD, ALESSANDRA E  
Address 8101 BISCAYNE BLVD SUITE R-308  
City-State-Zip: MIAMI FL 33138

*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:** DAVID BEREND

AMBR

04/29/2021

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

\_\_\_\_\_  
Date