

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000521282

**Entity Name:** LACHANCE RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

19 QUAKER LANE, SOUTH  
WEST HARTFORD, CT 06119

**Current Mailing Address:**

19 QUAKER LANE, SOUTH  
WEST HARTFORD, CT 06119

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNIVERSAL REGISTERED AGENTS, INC.  
1317 CALIFORNIA ST.  
TALLAHASSEE, FL 32304 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 LACHANCE, ROBERT  
Address 19 QUAKER LANE, SOUTH  
City-State-Zip: WEST HARTFORD CT 06119

Title MGR  
Name LACHANCE, BETH  
Address 19 QUAKER LANE, SOUTH  
City-State-Zip: WEST HARTFORD CT 06119

*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:** ROBERT LACHANCE

MGR

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date