

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003645

**Entity Name:** SPECIALTY RISK MANAGEMENT SERVICES, L.L.C.

**Current Principal Place of Business:**

9736 COMMERCE CENTER CT  
FORT MYERS, FL 33908

**Current Mailing Address:**

9736 COMMERCE CENTER CT  
FORT MYERS, FL 33908

**FEI Number:** 65-0923164

**Certificate of Status Desired:** No

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

HAWKINS, ELAINE A  
9736 COMMERCE CENTER CT.  
FORT MYERS, FL 33908 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 HAWKINS, ELAINE A  
Address 9736 COMMERCE CENTER CT  
City-State-Zip: FORT MYERS 33908

*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:** ELAINE HAWKINS

**PRESIDENT**

**01/11/2021**

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

\_\_\_\_\_  
Date