

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004772

Entity Name: AVALON RISK MANAGEMENT INSURANCE AGENCY LLC**Current Principal Place of Business:**150 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 60007**Current Mailing Address:**150 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 60007 US**FEI Number:** 20-1572094**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name GELSOMINO, LISA M.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MANAGER
Name ZUHLKE, JAMES R.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name SANCHEZ, THERESA A.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name BAYLOR, NATHAN A.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name SANCHEZ, KEITH E.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name CHIPMAN, DENISE L.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name ZUHLKE, JAMES R.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title MEMBER
Name BROWN, MICHAEL S.
Address 150 NORTHWEST POINT BLVD
City-State-Zip: ELK GROVE VILLAGE IL 60007

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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: DENISE L. CHIPMAN

MEMBER

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGING MEMBERS
Name	GELSOMINO, LISA M.
Address	150 NORTHWEST POINT BLVD
City-State-Zip:	ELK GROVE VILLAGE IL 60007