

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002370

**Entity Name:** ARROWHEAD INSURANCE RISK MANAGERS, LLC

**Current Principal Place of Business:**

925 NORTHPOINT PARKWAY  
#440  
ALPHARETTA, GA 30005

**Current Mailing Address:**

220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 46-1956463

**Certificate of Status Desired:** No

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

CT 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           WALKER, CHRIS L.  
Address        701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101

*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:** CHRIS L. WALKER

MANAGER

03/19/2019

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

\_\_\_\_\_  
Date