

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000080641

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** 1ST RESPONSE APPRAISAL LOSS CONSULTANTS, LLC

**Current Principal Place of Business:**

15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 45-2735415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAMEZ, ADRIAN A  
15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAMEZ, ADRIAN A  
Address: 15160 SW 136 STREET SUITE #13  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ADRIAN GAMEZ

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02/10/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date