

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022811

Entity Name: DE OLAZABAL INSURANCE ADJUSTERS, LLC.

Current Principal Place of Business:

815 PONCE DE LEON BLVD.
SUITE 212
CORAL GABLES, FL 33134

Current Mailing Address:

815 PONCE DE LEON BLVD.
SUITE 212
CORAL GABLES, FL 33134 US

FEI Number: 26-2080152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE OLAZABAL, EDGARD
815 PONCE DE LEON BLVD.
SUITE 212
CORAL GABLES, FL 33134 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	PRESIDENT	Title	VP
Name	DE OLAZABAL, EDGARD	Name	PETERSON, BRIAN D
Address	815 PONCE DE LEON BLVD. SUITE 212	Address	815 PONCE DE LEON BLVD. SUITE 212
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: EDGARD DE OLAZABAL

PRESIDENT

02/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date