

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000022811

**Entity Name:** DE OLAZABAL INSURANCE ADJUSTERS, LLC.

**Current Principal Place of Business:**

5335 NW 87TH AVE. C109, #381  
DORAL, FL 33178

**Current Mailing Address:**

5335 NW 87TH AVE. C109, #381  
DORAL, FL 33178 US

**FEI Number:** 26-2080152

**Certificate of Status Desired:** No

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

DE OLAZABAL, EDGARD ALEXIS  
5335 NW 87TH AVE. C109, #381  
DORAL, FL 33178 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:** EDGARD DE OLAZABAL

11/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            DE OLAZABAL, EDGARD  
Address        5335 NW 87TH AVE. C109, #381  
City-State-Zip: DORAL FL 33178

Title            VP  
Name            COZ, CARLOS  
Address        10710 NW 66TH ST.  
                  APT. 305  
City-State-Zip: DORAL FL 33178

*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

11/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date