

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011731

**Entity Name:** ATLANTIS CLAIMS SERVICES, LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD  
SUITE # 4  
AVENTURA, FL 33180

**Current Mailing Address:**

1600 BROADWAY  
SUITE 1600  
DENVER, CO 80202 US

**FEI Number:** 26-4188598

**Certificate of Status Desired:** No

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

BENSUSAN, JUDAH L  
20533 BISCAYNE BLVD  
SUITE # 4  
AVENTURA, FL 33180 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 MGRM  
Name BENSUSAN, JUDAH L  
Address 891 14TH STREET  
SUITE 3108  
City-State-Zip: DENVER CO 80202

Title MGRM  
Name LAROCCO, STEFFANIE A  
Address 891 14TH STREET  
SUITE 3108  
City-State-Zip: DENVER CO 80202

*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:** STEFFANIE LAROCCO

MGRM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date