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.

MGR

SIGNATURE: MICHAEL CAPPOLA

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	GIUSEPPE ENTERPRISES, LLC	Name	CAPPOLA, MICHAEL
Address	4020 GALT OCEAN DR. #403	Address	6815 BISCAYNE BLVD 103-201
City-State-Zip:	FT. LAUDERDALE FL 33308	City-State-Zip:	MIAMI FL 33138

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.

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105563

Entity Name: INSURANCE REMEDIATION SERVICES LLC

# **Current Principal Place of Business:**

1951 NW 141 ST UNIT 1 MIAMI, FL 33181

### **Current Mailing Address:**

6815 BISCAYNE BLVD #103-201 MIAMI, FL 33138

# FEI Number: 45-1593038

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

Electronic Signature of Registered Agent

COPPOLA, MICHAEL 6815 BISCAYNE BLVD STE 103-201 MIAMI, FL 33138 US

SIGNATURE:

FILED May 01, 2014 Secretary of State CC4416471396

Certificate of Status Desired: No

05/01/2014

Date