

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000130454

Entity Name: AMLOSS CLAIMS & ARBITRATION

Current Principal Place of Business:

1975 EAST SUNRISE BLVD
SUITE 529
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1975 EAST SUNRISE BLVD
SUITE 529
FORT LAUDERDALE, FL 33304

FEI Number: 27-4356054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLOCK, JACOB
1975 EAST SUNRISE BLVD
SUITE 529
FORT LAUDERDALE, FL 33304 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 POLLOCK, JACOB
Address 1975 EAST SUNRISE BLVD SUITE 529
City-State-Zip: FORT LAUDERDALE FL 33304

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: JACOB POLLOCK

PRES

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date