

**2014 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

CEO

04/07/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date