

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080641

**Entity Name:** 1ST RESPONSE APPRAISAL LOSS CONSULTANTS, LLC

**Current Principal Place of Business:**

13876 SW 56TH STREET  
SUITE #378  
MIAMI, FL 33175

**Current Mailing Address:**

13876 SW 56TH STREEET  
SUITE #378  
MIAMI, FL 33175 US

**FEI Number:** 45-2735415

**Certificate of Status Desired:** No

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

GAMEZ, ADRIAN A  
13876 SW 56TH STREET  
SUITE #378  
MIAMI, FL 33175 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           PRESIDENT  
Name           GAMEZ, ADRIAN A  
Address        13876 SW 56TH STREET  
                  #378  
City-State-Zip: MIAMI FL 33175

*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:** ADRIAN GAMEZ

P

02/18/2016

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

\_\_\_\_\_  
Date