

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080641

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

**Current Principal Place of Business:**

801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**FEI Number:** 45-2735415

**Certificate of Status Desired:** No

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

GAMEZ, ADRIAN A  
801 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 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           MANAGER  
Name           GAMEZ, ADRIAN A  
Address        801 BRICKELL AVENUE  
                  SUITE 900  
City-State-Zip: MIAMI FL 33131

*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 A GAMEZ

**PRESIDENT**

**02/19/2019**

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

\_\_\_\_\_ Date