

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080641

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

**Current Principal Place of Business:**

15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196

**Current Mailing Address:**

15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196 US

**FEI Number:** 45-2735415

**Certificate of Status Desired:** No

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

GAMEZ, ADRIAN A  
15160 SW 136 STREET  
SUITE #13  
MIAMI, FL 33196 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 GAMEZ, ADRIAN A  
Address 15160 SW 136 STREET SUITE #13  
City-State-Zip: MIAMI FL 33196

*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

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date