

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000058984

Entity Name: KONCISE LOSS MANAGEMENT LLC

Current Principal Place of Business:

14499 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

14499 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258

FEI Number: 46-2598389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOFTUS, GREGORY
14499 FALLING WATERS DRIVE
JACKSONVILLE, FL 32258 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	MGR	Title	MANAGER
Name	LOFTUS, GREGORY	Name	LOFTUS, DONNA M
Address	14499 FALLING WATERS DRIVE	Address	14499 FALLING WATERS DRIVE
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258

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: GREGORY LOFTUS

MGR.

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date