

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000021373

Entity Name: LOSS TECHNOLOGY SERVICES, LLC

Current Principal Place of Business:

9570 REGENCY SQUARE BLVD., SUITE 410
JACKSONVILLE, FL 32225

Current Mailing Address:

9570 REGENCY SQUARE BLVD., SUITE 410
JACKSONVILLE, FL 32225

FEI Number: 46-5034237

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSS, ADAM J
9570 REGENCY SQUARE BLVD., SUITE 410
JACKSONVILLE, FL 32225 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 OWNER
Name NELSON, EDWIN T
Address 9570 REGENCY SQUARE BLVD.,
SUITE 410
City-State-Zip: JACKSONVILLE FL 32225

Title OWNER
Name MORAN, F ANDREW
Address 9570 REGENCY SQUARE BLVD.,
SUITE 410
City-State-Zip: JACKSONVILLE FL 32225

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: EDWIN T NELSON

OWNER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date