

**2016 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:** No

**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**

**01/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date