

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000064703

Entity Name: LOSS CLAIMS SOLUTIONS LLC

Current Principal Place of Business:

2300 W 84TH ST
202
HIALEAH, FL 33016

Current Mailing Address:

2300 W 84TH ST
202
HIALEAH, FL 33016 US

FEI Number: 46-5754524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYES, OSCAR
2300 W 84TH ST
202
HIALEAH, FL 33016 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
Name REYES, OSCAR
Address 2300 W 84TH ST SUITE 202
City-State-Zip: HIALEAH FL 33016

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: OSCAR REYES

MGR

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date