SIGNATURE	: FABIO TORRES			04/30/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	VP	
Name	TORRES, SERGIO	Name	TORRES, ROBERTO J	
Address	18120 PALM BREEZE DR	Address	6111 OAK CLUSTER CIR	
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33634	
Title	PRESIDENT			
Name	TORRES, FABIO			
Address	18120 PALM BREEZE DR			

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000135919

Entity Name: OCEAN LOSS CONSULTANT LLC

Current Principal Place of Business:

18120 PALM BREEZE DR TAMPA, FL 33647

Current Mailing Address:

18120 PALM BREEZE DR **TAMPA FL 33647**

FEI Number: 47-4742125

Name and Address of Current Registered Agent:

TORRES, FABIO 18120 PALM BREEZE DR TAMPA FL 33647 US

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: FABIO TORRES

City-State-Zip: TAMPA FL 33647

PRESIDENT

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 30, 2019 Secretary of State 6282429718CC

Certificate of Status Desired: No