

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000182207

Entity Name: VANTAGE POINT CLAIMS MANAGEMENT, PLLC

Current Principal Place of Business:

190 SE 5TH AVENUE
365
DELRAY BEACH, FL 33483

Current Mailing Address:

P.O. BOX 8362
DELRAY BEACH, FL 33482 US

FEI Number: 81-4020420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECARLO, LOIS
8029 LINKS WAY
PORT ST. LUCIE, FL 34986 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 AMBR
Name DECARLO, MARK
Address P.O. BOX 8362
City-State-Zip: DELRAY BEACH FL 33482

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: MARK DECARLO

OWNER

01/11/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date