

**2019 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**

**02/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date