

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000062108

**Entity Name:** FPCI APPRAISERS AND ESTIMATORS, LLC

**Current Principal Place of Business:**

15476 NW 77 COURT  
#1050  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

15476 N.W. 77 COURT  
#1050  
MIAMI LAKES, FL 33016 US

**FEI Number:** 82-4655064

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RILEY, PATRICIA M  
19310 E OAKMONT DRIVE  
HIALEAH, FL 33015 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	Title	MGR
Name	RILEY, PATRICIA M	Name	RILEY, PATRICIA M
Address	19310 E.OAKMONT DRIVE	Address	19310 E. OAKMONT DRIVE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015
Title	AP	Title	AMBR
Name	RILEY, PATRICIA M	Name	RILEY, PATRICIA M
Address	19310 E. OAKMONT DRIVE	Address	19310 E. OAKMONT DRIVE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015

*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:** PATRICIA RILEY

**PRESIDENT**

**01/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date