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(Address)

(Address)

(City/State/Zip/Phone #)

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STATE  
CORPORATION

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KRC Claims, LLC.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John H. Ruiz  
Name of Person

KRC Claims, LLC.  
Firm/Company

2701 S. LeJeune Rd. 10th Floor  
Address

Coral Gables, FL 33134  
City/State and Zip Code

rdeleon@msprecovery.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H. Ruiz at ( 305 ) 614-2222  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: KRC Claims, LLC.

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS)

2701 S. LeJeune Rd., 10th Fl  
Coral Gables, FL 33134

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX)

2701 S. LeJeune Rd., 10th Fl  
Coral Gables, FL 33134

2. The Florida document number of this limited liability company is: M18000008898

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 9-28-2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: John. H Ruiz

New Registered Office Address: 2701 S. LeJeune Rd., 10th Fl.

Enter Florida Street Address

Coral Gables, Florida 33134  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

John H Ruiz  
If Changing Registered Agent, Signature of New Registered Agent

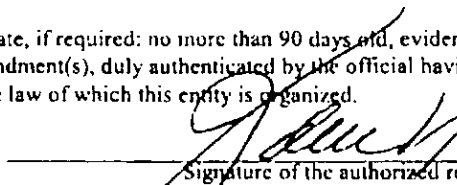
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	Ralph Navarro	2550 S. Bayshore Dr. #102	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
AMBR	John H. Ruiz	2701 S. Le Jeune Rd, 10th Fl	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

John H. Ruiz  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

**RESIGNATION**

The undersigned hereby tenders its resignation as Manager of KRC Claims LLC, a Delaware limited liability company organized and existing under the laws of the State of Delaware.

Effective as of November \_\_\_\_, 2019.

**KRC Claims LLC**

By: \_\_\_\_\_

Ralph Navarro

Accepted by **KRC Claims LLC**

By: \_\_\_\_\_

John L. Ruiz, Manager