

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000062793

Entity Name: TRI-COUNTY CLAIMS ADJUSTING CORP.

Current Principal Place of Business:

1300 SW 94 AVE
MIAMI, FL 33174

Current Mailing Address:

1300 SW 94 AVE
MIAMI, FL 33174

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, GWENDOLYN
1300 SW 94 AVE
MIAMI, FL 33174 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

Officer/Director Detail :

Title PD
Name RAMIREZ, GWENDOLYN
Address 1300 SW 94 AVE
City-State-Zip: MIAMI FL 33174

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GWENDOLYN RAMIREZ

PD

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date