

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008973

Entity Name: FLORIDA PENINSULA CLAIM SERVICES, LLC

Current Principal Place of Business:

903 NW 65TH ST
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

903 NW 65TH ST
SUITE 200
BOCA RATON, FL 33487 US

FEI Number: 74-3249618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIULIANTI, STACEY AESQ
903 NW 65 ST
SUITE 200
BOCA RATON, FL 33487 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
Name CANTOR, GARY M
Address 903 NW 65 ST, SUITE 200
City-State-Zip: BOCA RATON FL 33487

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: GARY CANTOR

MANAGER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date