

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000094688

**Entity Name:** UNITED CLAIMS SPECIALISTS, LLC

**Current Principal Place of Business:**

520 NW 165TH STREET RD  
SUITE 110  
MIAMI, FL 33169

**Current Mailing Address:**

520 NW 165TH STREET RD  
SUITE 110  
MIAMI, FL 33169 US

**FEI Number:** 27-1031401

**Certificate of Status Desired:** No

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

UNITED CLAIMS SPECIALISTS  
520 NW 165TH STREET RD  
SUITE #110  
MIAMI, FL 33169 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:** JOSEPH SUISKIND

**08/26/2016**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP
Name	SUISKIND, JOSEPH	Name	BERKOWITZ, DAVID M
Address	520 NW 165TH STREET RD SUITE 110	Address	520 NW 165TH STREET RD SUITE 110
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169

*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:** JOSEPH SUISKIND

**PRESIDENT**

**08/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date