

2015 FLORIDA LIMITED LIABILITY COMPANY 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:

SUSKIND, JOSEPH
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:

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 SUIKIND

MR

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date