

**2025 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:**

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 SUIKIND

02/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRESIDENT

Name SUSKIND, JOSEPH

Address 520 NW 165TH STREET RD SUITE 110

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 SUSKIND

MANAGER

02/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date