

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006921

**Entity Name:** APEX CLAIMS ADJUSTERS, LLC.

**Current Principal Place of Business:**

8004 NW 154 STREET  
STE. 558  
MIAMI, FL 33016

**Current Mailing Address:**

8004 NW 154 STREET  
STE. 558  
MIAMI, FL 33016 US

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

ALVAREZ, ROSENDO A  
8004 NW 154 STREET  
STE. 558  
MIAMI, FL 33016 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 MGRM  
Name ALVAREZ, ROSENDO A  
Address 8004 NW 154 STREET  
STE. 558  
City-State-Zip: MIAMI FL 33016

*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:** ROSENDO ALVAREZ

MGRM

03/18/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date