

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001990

**Entity Name:** TPC LOSS APPRAISERS LLC

**Current Principal Place of Business:**

1213 FOSTERS MILL LN  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

1213 FOSTERS MILL LN  
BOYNTON BEACH, FL 33436

**FEI Number:** 45-4164568

**Certificate of Status Desired:** No

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

GOINS, PAT L  
1213 FOSTERS MILL LANE  
BOYNTON BEACH, FL 33436 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 GOINS, PAT L  
Address 1213 FOSTERS MILL LANE  
City-State-Zip: BOYNTON BEACH FL 33436

Title MGRM  
Name GOINS, KRISTINE K  
Address 1213 FOSTERS MILL LANE  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** KRISTINE GOINS

**OWNER**

**04/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date