

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000158368

**FILED  
Apr 30, 2017  
Secretary of State  
CC2419570069**

**Entity Name:** 1ST AMERICAN CLAIMS MANAGEMENT LLC

**Current Principal Place of Business:**

1821 NE 146TH ST  
MIAMI, FL 33181

**Current Mailing Address:**

1821 NE 146TH ST  
MIAMI, FL 33181 US

**FEI Number:** 47-5098332

**Certificate of Status Desired:** No

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

PROFESSIONAL PUBLIC ACCOUNTANTS LLC  
1821 NE 146TH ST  
MIAMI, FL 33181 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	Title	AMBR
Name	ALLMAN, ROBERT	Name	VANZANT, SUZANNE
Address	1821 NE 146TH ST	Address	1821 NE 146TH ST
City-State-Zip:	MIAMI FL 33181	City-State-Zip:	MIAMI FL 33181

Title	AMBR
Name	LADAS II, LUDWIG N
Address	1821 NE 146TH ST
City-State-Zip:	MIAMI FL 33181

*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:** ROBERT ALLMAN

MGRM

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date