

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000195729

**Entity Name:** INSURANCE CLAIM MORTGAGE PROCESSING SOLUTIONS, LLC**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**1051336243CC****Current Principal Place of Business:**2450 NE MIAMI GARDENS DRIVE  
SUITE 200  
MIAMI, FL 33180**Current Mailing Address:**2450 NE MIAMI GARDENS DRIVE  
SUITE 200  
MIAMI, FL 33180 UN**FEI Number:** 81-0701490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOAZIZ, RAMI  
2450 NE MIAMI GARDENS DRIVE  
SUITE 200  
MIAMI, FL 33180 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            | BOAZIZ, RAMI                                 |
| Address         | 2450 NE MIAMI GARDENS DRIVE                  |
| City-State-Zip: | MIAMI FL 33180                               |
| Title           | MBR                                          |
| Name            | EPOXY REAL ESTATE INVESTMENT OF DELAWARE LLC |
| Address         | 2711 CENTERVILLE ROAD<br>STE 400             |
| City-State-Zip: | WILMINGTON DE 19808                          |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | MBR                                      |
| Name            | RAMI BOAZIZ LIVING TRUST                 |
| Address         | 2450 NE MIAMI GARDENS DRIVE<br>SUITE 200 |
| City-State-Zip: | MIAMI 33180                              |

*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:** RAMI BOAZIZ

MGR

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date