

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000129584

Entity Name: TRANSLUCENT CLAIMS MANAGEMENT, LLC

Current Principal Place of Business:

1312 SW 27TH AVE. 3RD FLOOR
MIAMI, FL 33145

Current Mailing Address:

1312 SW 27TH AVE. 3RD FLOOR
MIAMI, FL 33145 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO, ALFREDO
1312 SW 27TH AVE.
3RD FLOOR
MIAMI, FL 33145 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	Title	MGR
Name	SANTEIRO, JOSEPH	Name	CASTILLO, ALFREDO
Address	1312 SW 27TH AVE 3RD FLOOR	Address	1312 SW 27TH AVE 3RD FLOOR
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145
Title	DIRECTOR	Title	DIRECTOR
Name	GAMBERG, STEVEN	Name	IBARLUCEA, SHAWN
Address	1312 SW 27TH AVE. 3RD FLOOR	Address	1312 SW 27TH AVE. 3RD FLOOR
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI 33145

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 SANTEIRO

MANAGER

01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date