

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000093966

**Entity Name:** MASTER ADJUSTERS AND CONSULTANTS, LLC.

**Current Principal Place of Business:**

16552 SW 85 LN  
MIAMI, FL 33193

**Current Mailing Address:**

12973 SW 112 STREET  
BOX # 243  
MIAMI, FL 33186 US

**FEI Number:** 82-1384479

**Certificate of Status Desired:** No

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

CORONEL, DAVID  
16552 SW 85 LN  
MIAMI, FL 33193 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 CORONEL, DAVID  
Address 12973 SW 112 STREET BOX #243  
City-State-Zip: MIAMI FL 33186

*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:** DAVID CORONEL

**PRESIDENT**

**04/18/2019**

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

\_\_\_\_\_  
Date