

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000223205

**Entity Name:** CRITERIA INSURANCE CLAIMS & LOSS ADJUSTERS LLC

**Current Principal Place of Business:**

5525 NW 15TH AVE  
STE 223  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5525 NW 15TH AVE  
STE 223  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 83-2059192

**Certificate of Status Desired:** No

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

AV ACCOUNTING ASSOCIATES CORP  
1500 WESTON RD  
STE 214  
WESTON, FL 33326 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 VICENTINI, LUIS J  
Address 5525 NW 15TH AVE, STE 223  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** LUIS J VICENTINI

**DIRECTOR**

**01/14/2020**

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

\_\_\_\_\_  
Date