

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100776

Entity Name: ACTION LOSS MITIGATION INC

Current Principal Place of Business:

11352 W. STATE ROAD 84
STE 80
DAVIE, FL 33325

Current Mailing Address:

11352 W. STATE ROAD 84
STE 80
DAVIE, FL 33325 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLOVERPRISES MANAGEMENT, LLC
11352 W. STATE ROAD 84
STE 80
DAVIE, FL 33325 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: NIGEL ALSTON

04/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER
Name CLOVERPRISES MANAGEMENT, LLC
Address 11352 W. STATE ROAD 84
STE 80
City-State-Zip: DAVIE FL 33325

Title SECRETARY
Name CLOVERPRISES, LLLP
Address 11352 W STATE RD 84
City-State-Zip: DAVIE FL 33325

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIGEL ALSTON

MGR

04/21/2025

Electronic Signature of Signing Officer/Director Detail

Date