

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023850

**Entity Name:** COASTAL CLAIMS COMPANY, LLC

**Current Principal Place of Business:**

4521 PGA BLVD. #337

PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4521 PGA BLVD. #337

PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 11-3771337

**Certificate of Status Desired:** No

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

COASTAL CLAIMS COMPANY

4521 PGA BLVD.

#337

PALM BEACH GARDENS, FL 33418 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:** SUSAN JENKINS MCCLENDON

03/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM

Name JENKINS, SUSAN

Address 4521 PGA BLVD. #337

City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** SUSAN JENKINS MCCLENDON

CEO/PRESIDENT

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date