

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071271

**Entity Name:** FLORIDA CLAIM ADVOCATES, LLC

**Current Principal Place of Business:**

8206 SOLANO BAY LOOP  
APT 415  
TAMPA, FL 33635

**Current Mailing Address:**

PO BOX 1111  
OLDSMAR, FL 34677-1111

**FEI Number:** 20-8876092

**Certificate of Status Desired:** No

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

ARCHIBALD, GAIL K  
8206 SOLANO BAY LOOP  
APT 415  
TAMPA, FL 33635 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	MGRM	Title	MGRM
Name	ARCHIBALD, GAIL K	Name	ARCHIBALD, SCOTT R
Address	8206 SOLANO BAY LOOP APT 415	Address	8206 SOLANO BAY LOOP APT 415
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	TAMPA FL 33635

*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:** GAIL ARCHIBALD

**PRESIDENT**

**01/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date