

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071271

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

**Current Principal Place of Business:**

15627 SHOAL CREEK PL  
ODESSA, FL 33556

**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  
15627 SHOAL CREEK PL  
ODESSA, FL 33556 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  
Name ARCHIBALD, GAIL K  
Address 15627 SHOAL CREEK PL  
City-State-Zip: ODESSA FL 33556

Title MGRM  
Name ARCHIBALD, SCOTT R  
Address 15627 SHOAL CREEK PL  
City-State-Zip: ODESSA FL 33556

*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**

**03/11/2017**

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

\_\_\_\_\_  
Date