

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