

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055375

Entity Name: ACS PROPERTY INSURANCE CLAIM SERVICES LLC

Current Principal Place of Business:

1530 16TH ST NE
NAPLES, FL 34120

Current Mailing Address:

1530 16TH ST NE
NAPLES, FL 34120 US

FEI Number: 26-2738287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIAVONE, ANTHONY
1530 16TH STREET NE
NAPLES, FL 34120 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 SCHIAVONE, ANTHONY
Address 1530 16TH ST NE
City-State-Zip: NAPLES FL 34120

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: ANTHONY SCHIAVONE

MGR

01/17/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date