

**2017 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

MGRM

03/17/2017

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

\_\_\_\_\_ Date