

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096820

Entity Name: CLAIMS EXPERTS, LLC

Current Principal Place of Business:

200 OAKWOOD DRIVE
SUITE 206
OCALA, FL 34472

Current Mailing Address:

212 LOCUST PASS TRACE
OCALA, FL 34472

FEI Number: 94-3449117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTONIO, JOSUE
212 LOCUST PASS TRACE
OCALA, FL 34472 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 PRESIDENT
Name ANTONIO, JOSUE
Address 212 LOCUST PASS TRACE
City-State-Zip: Ocala FL 34472

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: JOSUE ANTONIO

PRESIDENT

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date