## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096820

Entity Name: CLAIMS EXPERTS, LLC

2603 S.E 17TH STREET UNIT C OCALA, FL 34471

**Current Principal Place of Business:** 

**FILED** Apr 20, 2015 **Secretary of State** CC6066084561

## **Current Mailing Address:**

3321 S.E 44TH AVE OCALA, FL 34480 US

FEI Number: 94-3449117 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ANTONIO, JOSUE 3321 S.E 44TH AVE OCALA, FL 34480 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:

**PRESIDENT** Title

ANTONIO, JOSUE Name Address 3321 S.E 44TH AVE City-State-Zip: OCALA FL 34480

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOSUE ANTONIO

04/20/2015 **PRESIDENT** 

Date