

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125560

**Entity Name:** CLAIMS MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

760 BARNES BLVD  
106  
ROCKLEDGE, FL 32956

**Current Mailing Address:**

PO BOX 561057  
ROCKLEDGE, FL 32956 US

**FEI Number:** 90-0773227

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTES, R.  
760 BARNES BLVD  
106  
ROCKLEDGE, FL 32956 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:** ESTES R.

02/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESTES, R.  
Address 760 BARNES BLVD  
# 106  
City-State-Zip: ROCKLEDGE FL 32956

*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:** ESTES R.

MANAGER

02/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date