

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000057425

Entity Name: CLAIMS ADJUSTING SOFTWARE AND ANALYTICS, LLC

Current Principal Place of Business:

911 CHESTNUT STREET
CLEARWATER, FL 33756

Current Mailing Address:

P.O. BOX 89239
TAMPA, FL 33689

FEI Number: 46-5425261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTTER, ROBERT V JR.
911 CHESTNUT STREET
CLEARWATER, FL 33756 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 MGR
Name ROSS, CHARLES K
Address P.O. BOX 89239
City-State-Zip: TAMPA FL 33689

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: CHARLES K. ROSS

MANAGER

03/31/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date