

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000113439

**Entity Name:** CLAIM FUNDS LLC

**Current Principal Place of Business:**

21500 BISCAYNE BLVD.  
SUITE 700  
AVENTURA, FL 33180

**Current Mailing Address:**

21500 BISCAYNE BLVD.  
SUITE 700  
AVENTURA, FL 33180 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AR PLASTICS, LLC  
21500 BISCAYNE BLVD.  
SUITE 700  
AVENTURA, FL 33180 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 2R PARTNERS, LLC  
Address 21500 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33180

*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:** RAPHAEL ADES

**MANAGER**

**04/26/2021**

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

\_\_\_\_\_  
Date