

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000191016

Entity Name: CLAIMS ADJUSTERS NETWORK, LLC

Current Principal Place of Business:

3948 3RD ST. S
STE. 207
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3948 3RD ST. S
STE. 207
JACKSONVILLE BEACH, FL 32250

FEI Number: 82-2765014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRILL, AMBER
4654 CUMBERLAND TRACE WAY
JACKSONVILLE, FL 32257 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 BRILL, AMBER
Address 4654 CUMBERLAND TRACE WAY
City-State-Zip: JACKSONVILLE FL 32257

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: AMBER BRILL

MGR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date