

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000259871

Entity Name: CCS CLAIMS LLC

Current Principal Place of Business:

16614 SEDONA DE AVILA
TAMPA, FL 33613

Current Mailing Address:

16614 SEDONA DE AVILA
TAMPA, FL 33613 US

FEI Number: 84-4115032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON, ROBERT
16614 SEDONA DE AVILA
TAMPA, FL 33613 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: ROBERT LARSON

04/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LARSON, ROBERT
Address 16614 SEDONA DE AVILA
City-State-Zip: TAMPA FL 33613

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: ROBERT LARSON

MGR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date