

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000044020

Entity Name: PUBLIC ADJUSTER CLAIMS SOLUTION, LLC

Current Principal Place of Business:

4426 MAHOGANY RIDGE DR
WESTON, FL 33331

Current Mailing Address:

4426 MAHOGANY RIDGE DR
WESTON, FL 33331 UN

FEI Number: 82-4623361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEFIODOW, HELENA
4426 MAHOGANY RIDGE DR
WESTON, FL 33331 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 NEFIODOW, HELENA
Address 4426 MAHOGANY RIDGE DR
City-State-Zip: WESTON FL 33331

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: HELENA NEFIODOW

MANAGER

03/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date