

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000223965

Entity Name: INSURANCE CLAIM CONSTRUCTION LLC

Current Principal Place of Business:

19080 PARKINSON ROAD
ALVA, FL 39920

Current Mailing Address:

19080 PARKINSON ROAD
ALVA, FL 33920 US

FEI Number: 83-1999292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARK WILLIAMS

04/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name ALLEN, BRANDON
Address 19080 PARKINSON ROAD
City-State-Zip: ALVA FL 33920

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: ALLEN , BRANDON

MEMBER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date