

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000223965

**Entity Name:** INSURANCE CLAIM CONSTRUCTION LLC

**Current Principal Place of Business:**

4201 BUCKINGHAM RD  
FORT MYERS, FL 33905

**Current Mailing Address:**

4201 BUCKINGHAM RD  
FORT MYERS, FL 33905 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

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name ALLEN, BRANDON  
Address 4201 BUCKINGHAM RD  
City-State-Zip: FORT MYERS FL 33905

*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:** BRANDON ALLEN

MEMBER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date