

**2023 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

04/25/2023

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:** BRANDON ALLEN

OWNER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date