

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000282400

Entity Name: FLORIDA CLAIM CONSULTANTS LLC

Current Principal Place of Business:

15 PARADISE PLZ, #306
SARASOTA, FL 34239

Current Mailing Address:

15 PARADISE PLZ, #306
SARASOTA, FL 34239 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 AMBR
Name REYNOLDS, TIM
Address 15 PARADISE PLZ, #306
City-State-Zip: SARASOTA FL 34239

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: REYNOLDS, TIM

AMBR

04/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date