

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:**

REYNOLDS, TIM  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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:** TIM REYNOLDS

10/06/2020

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:** TIM REYNOLDS

10/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date