

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000131852

Entity Name: MEICHER CLAIM SERVICES LLC

Current Principal Place of Business:

17003 SHADY PINES DRIVE
LUTZ, FL 33548

Current Mailing Address:

17003 SHADY PINES DRIVE
LUTZ, FL 33548

FEI Number: 84-1889443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEICHER, FRANK W
17003 SHADY PINES DRIVE
LUTZ, FL 33548 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 MGR
Name MEICHER, FRANK W
Address 17003 SHADY PINES DRIVE
City-State-Zip: LUTZ FL 33548

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: FRANK W. MEICHER

MANAGER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date