

**2020 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**

**03/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date