## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000084716

Entity Name: SAILFISH CLAIMS LLC

**Current Principal Place of Business:** 

271 SW FAIRCHILD AVE PORT SAINT LUCIE, FL 34984

**Current Mailing Address:** 

271 SW FAIRCHILD AVE

PORT SAINT LUCIE, FL 34984 US

FEI Number: 85-0523799 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWANN, DEVON GREGORY 271 SW FAIRCHILD AVE PORT SAINT LUCIE, FL 34984 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: DEVON G SWANN 03/05/2023

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR

Name SWANN, DEVON G

Address 271 SW FAIRCHILD AVE

City-State-Zip: PORT SAINT LUCIE FL 34984

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: DEVON G SWANN AMBR

Electronic Signature of Signing Authorized Person(s) Detail

03/05/2023 Date

FILED Mar 05, 2023

**Secretary of State** 

9198986971CC

Date