

**2024 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:**

11582 SW VILLAGE PKWY  
#1073  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** 85-0523799

**Certificate of Status Desired:** No

**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

04/29/2024

Electronic Signature of Registered Agent

Date

**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

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date