## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000084716

Entity Name: SAILFISH CLAIMS LLC

**Current Principal Place of Business:** 

2496 SW HIDEAWAY LN STUART, FL 34994

**Current Mailing Address:** 

2496 SW HIDEAWAY LN STUART, FL 34994 US

FEI Number: 85-0523799 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWANN, DEVON GREGORY 2496 SW HIDEAWAY LN STUART, FL 34994 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 03/17/2022

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR

Name SWANN, DEVON G Address 2496 SW HIDEAWAY LN

SIGNATURE: DEVON G SWANN

City-State-Zip: STUART FL 34994

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.

**AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 17, 2022

**Secretary of State** 

3195988683CC

Date

03/17/2022 Date