

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000199233

**Entity Name:** CLAIMS FLA LLC

**Current Principal Place of Business:**

11472 SW 250TH ST  
PRINCETON, FL 33032

**Current Mailing Address:**

11472 SW 250TH ST  
PRINCETON, FL 33032 US

**FEI Number:** 85-2051761

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOPHOS CONSULTING GROUP CORP  
8333 NW 53RD STREET  
SUITE 450  
DORAL, FL 33166 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	Title	MGR
Name	LINARES, CARLOS	Name	DEL PRETE, VERONICA
Address	11472 SW 250TH ST	Address	11472 SW 250TH ST
City-State-Zip:	PRINCETON FL 33032	City-State-Zip:	PRINCETON FL 33032

*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:** CARLOS D LINARES

**MANAGER**

**01/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date