# 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. 05/01/2023

SIGNATURE: WRIGHT, GARY

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

PO BOX 1704 WINDEREMERE, FL 34786

# FEI Number: 82-1146987

### Name and Address of Current Registered Agent:

WRIGHT, GARY 5217 WELLINGTON PARK CIRCLE ORLANDO, FL 32839 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

#### Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	WRIGHT, GARY	Name	HOWARD, KATRINA
Address	P.O. BOX 1704	Address	P.O. BOX 1704
City-State-Zip:	WINDEREMERE FL 34786	City-State-Zip:	WINDEREMERE FL 34786

# Entity Name: SERVICE FIRST ADJUSTING COMPANY LLC

#### **Current Principal Place of Business:** 5217 WELLINGTON PARK CIRCLE

ORLANDO, FL 34786

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L20000306723

Certificate of Status Desired: No

Date

# FILED May 01, 2023 Secretary of State 3660761412CC

Date

MANAGER