

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000369738

Entity Name: FLORIDA CLAIM RESTORATION LLC

Current Principal Place of Business:

1809 E BROADWAY ST
SUITE 353
OVIDO, FL 32765

Current Mailing Address:

1809 E BROADWAY ST
SUITE 353
OVIDO, FL 32765 US

FEI Number: 85-4163706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTE, JARED W
1809 E BROADWAY ST
SUITE 353
OVIDO, FL 32765 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: JARED W CONTE

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name CONTE, JARED W
Address 1809 E BROADWAY ST
SUITE 353
City-State-Zip: OVIDO FL 32765

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: JARED W CONTE

AUTHORIZED MEMBER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date