

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000359879

**Entity Name:** CLAIM CLOSURE ASSURANCE, LLC

**Current Principal Place of Business:**

701 MARKET STREET  
105 B  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

701 MARKET STREET  
105 B  
ST. AUGUSTINE, FL 32095

**FEI Number:** 93-2643404

**Certificate of Status Desired:** No

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

PULSFUS, CONTESSA N  
701 MARKET STREET  
105 B  
ST. AUGUSTINE, FL 32095 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 AMBR  
Name PULSFUS, CONTESSA N  
Address 701 MARKET STREET , 105 B  
City-State-Zip: ST. AUGUSTINE FL 32095

Title AMBR  
Name GALLOWAY, MELISSA R  
Address 701 MARKET STREET 105 B  
City-State-Zip: ST. AUGUSTINE FL 32095

Title AMBR  
Name ROSE, PATRICE L  
Address 9156 N. LENNOX TERRACE  
City-State-Zip: CITRUS SPRINGS FL 34434

*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:** CONTESSA N. PULSFUS

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date