

2024 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

REGISTERED AGENT

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date