

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000372596

Entity Name: REDEEMED CLAIMS ADJUSTER LLC

Current Principal Place of Business:

3009 STOWE TERRACE
NORTH PORT, FL 34286

Current Mailing Address:

11150 4TH ST N
APT 3310
ST PETERSBURG, FL 33716

FEI Number: 93-2824493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAKENEY, RAYMONTE L JR.
11150 4TH ST N
APT 3310
ST PETERSBURG, FL 33716 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
Name BLAKENEY, RAYMONTE L JR.
Address 11150 4TH ST N APT 3310
City-State-Zip: ST PETERSBURG FL 33716

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: RAYMONTE LEE BLAKENEY JR.

MGR

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date