

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000538067

**Entity Name:** PUBLIC ADJUSTER CLAIMS SERVICES, LLC

**Current Principal Place of Business:**

2900 PARK ST. N.  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

2900 PARK ST. N.  
SAINT PETERSBURG, FL 33710 US

**FEI Number:** 99-0551948

**Certificate of Status Desired:** No

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

VALLONE, DAVID A  
2900 PARK ST. N.  
SAINT PETERSBURG, FL 33710 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 P  
Name VALLONE, DAVID A  
Address 2900 PARK ST. N.  
City-State-Zip: SAINT PETERSBURG FL 33710

*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:** DAVID A. VALLONE

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date