

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000083502

Entity Name: INSURACLAIM, LLC

FILED
Oct 03, 2014
Secretary of State

Current Principal Place of Business:

20423 STATE ROAD 7
162
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

20423 STATE ROAD 7
162
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 20-8209144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE SERVICE ASSOCIATES LLC
20423 SR 7 SUITE 162
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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: DAN ALBA

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: ALBA, DAN
Address: 20423 STATE ROAD 7 SUITE 162
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DAN ALBA

MGRM

10/03/2014

Electronic Signature of Authorized Person

Date