

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005085

Entity Name: BOND CLAIMS, LLC

Current Principal Place of Business:

46 JASMINE DRIVE
PALM COAST, FL 32137

Current Mailing Address:

46 JASMINE DRIVE
PALM COAST, FL 32137 US

FEI Number: 51-0610996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORELEWICZ, JAMES F
46 JASMINE DRIVE
PALM COAST, FL 32137 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 MORELEWICZ, JAMES F
Address 46 JASMINE DRIVE
City-State-Zip: PALM COAST FL 32137

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: JAMES F. MORELEWICZ

MANAGER

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date