

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061914

Entity Name: LEWIS CLAIM SOLUTIONS, LLC

Current Principal Place of Business:

70 LAWTON AVE
OVIEDO, FL 32765

Current Mailing Address:

70 LAWTON AVE
OVIEDO, FL 32765 US

FEI Number: 65-1233916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, PATRICK E
70 LAWTON AVE
OVIEDO, FL 32765 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	LEWIS, PATRICK E	Name	LEWIS, ISAAC D
Address	70 LAWTON AVE	Address	70 LAWTON AVE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

Title AUTHORIZED MEMBER
 Name JONATHAN, LEWIS S
 Address 70 LAWTON AVE
 City-State-Zip: OVIEDO FL 32765

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: PATRICK E LEWIS

MANAGER

03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date