

**2023 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  
Name LEWIS, PATRICK E  
Address 70 LAWTON AVE  
City-State-Zip: OVIEDO FL 32765

Title AUTHORIZED MEMBER  
Name LEWIS, ISAAC D  
Address 70 LAWTON AVE  
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

CEO

03/09/2023

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

\_\_\_\_\_ Date