

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062320

Entity Name: INSURANCE CLAIM RECONSTRUCTION CONTRACTORS, LLC

Current Principal Place of Business:

345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713

Current Mailing Address:

345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713 US

FEI Number: 76-0766620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANGEL, JOHN A
345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713 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 MANGEL, JOHN A
Address 345 SWEETWATER SPRINGS STREET

City-State-Zip: DEBARY FL 32713

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: JOHN A. MANGEL

MGR

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date