

**2017 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

04/28/2017

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

\_\_\_\_\_ Date