

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080148

**Entity Name:** CLAIMS CONSULTANTS GROUP, LLC

**Current Principal Place of Business:**

375 DOUGLAS AVE.  
SUITE 1001-1003  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

375 DOUGLAS AVE.  
SUITE 1001-1003  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 43-2087234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOAN, JON W.  
375 DOUGLAS AVENUE  
SUITE 1001-1003  
ALTAMONTE SPRINGS, FL 32714 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:** JON W. DOAN

04/20/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DOAN, JON W.  
Address 375 DOUGLAS AVE  
SUITE 1001-1003  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name DOAN, JON W  
Address 375 DOUGLAS AVE.,  
SUITE 1001-1003  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JON W. DOAN

MGRM

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date