

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000065370

**Entity Name:** FLORIDA CLAIMS MEDIATION SERVICES, LLC

**Current Principal Place of Business:**

22510 B FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

201 COX CREEK PKWY S  
FLORENCE, AL 35630 US

**FEI Number:** 20-5124170

**Certificate of Status Desired:** No

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

GOODSON, CLIFF  
22510B FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413 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 MGRM  
Name GOODSON, CLIFF  
Address 22510B FRONT BEACH RD  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title MGRM  
Name GOODSON, CHARLOTTE  
Address 22510B FRONT BEACH RD  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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:** CHARLOTTE GOODSON

**OFFICER**

01/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date