

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013113

Entity Name: CLAIMS ASSIST FLORIDA, LLC

Current Principal Place of Business:

4157 ROLLING SPRINGS DR
TAMPA, FL 33624

Current Mailing Address:

PO BOX 340806
TAMPA, FL 33694

FEI Number: 45-0591345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, LOURDES M
15007 ROUNDUP DR
TAMPA, FL 33624 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 MR
Name LEAL, EDWIN
Address PO BOX 340806
City-State-Zip: TAMPA FL 33694

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: EDWIN LEAL

EDWIN LEAL

03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date