

**2017 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

**OWNER**

**03/16/2017**

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

\_\_\_\_\_  
Date