

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000058830

Entity Name: SUPERIOR CLAIM SERVICES, LLC

Current Principal Place of Business:

4503 DEEP RIVER WAY E
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 50305
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 59-3144485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARROW, T. SCOTT
4503 DEEP RIVER WAY E
JACKSONVILLE, FL 32224 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 CARROW, T. SCOTT
Address PO BOX 50305
City-State-Zip: JACKSONVILLE BEACH FL 32240

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: T. SCOTT CARROW

MGRM

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date