

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152739

**Entity Name:** CLAIMS & RISK MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

11440 NORTH KENDALL DRIVE  
SUITE 300  
MIAMI, FL 33176

**Current Mailing Address:**

P.O. BOX 163705  
MIAMI, FL 33116 US

**FEI Number:** 46-1521462

**Certificate of Status Desired:** Yes

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

CARR, NANCY E  
11440 NORTH KENDALL DRIVE  
SUITE 300  
MIAMI, FL 33176 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            CEO  
Name            CARR, NANCY E  
Address        11301 SW 102 AVE  
City-State-Zip: MIAMI FL 33176

*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:** NANCY E. CARR

CEO

02/03/2025

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

\_\_\_\_\_  
Date