2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2025
Secretary of State
3809761553CC

DOCUMENT# L14000152654

Entity Name: CLAIMPAL LLC

Current Principal Place of Business:

1001 AVENIDA DEL CIRCO
VENICE, FL 34285

Current Mailing Address:

855 S ALDER ST
UNIT B
BURLINGTON, WA 98233 US

FEI Number: 47-1976069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOONE, STEPHEN K ESQ.
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 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	AP	Title	AP
Name	HOTZ, RANDY	Name	HARVEY, NEAL
Address	855 S ALDER ST UNIT B	Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233	City-State-Zip:	BURLINGTON WA 98233
Title	AP	Title	AP
Name	JUDO, SUNNY	Name	GOWEY, TYLER
Address	855 S ALDER ST UNIT B	Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233	City-State-Zip:	BURLINGTON WA 98233
Title	AP	Title	AP
Name	BORBA, DARRILYN	Name	MARISTELA, ROSETTE
Address	855 S ALDER ST UNIT B	Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233	City-State-Zip:	BURLINGTON WA 98233

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: TYLER GOWEY AP 01/02/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date