

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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
Name	HOTZ, RANDY
Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233

Title	AP
Name	HARVEY, NEAL
Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233

Title	AP
Name	JUDO, SUNNY
Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233

Title	AP
Name	GOWEY, TYLER
Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233

Title	AP
Name	BORBA, DARRILYN
Address	855 S ALDER ST UNIT B
City-State-Zip:	BURLINGTON WA 98233

Title	AP
Name	MARISTELA, ROSETTE
Address	855 S ALDER ST UNIT B
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: NEAL HARVEY

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date