

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000135002

Entity Name: COMPLEX CLAIMS MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

1497 MAIN ST
STE 170
DUNEDIN, FL 34698

Current Mailing Address:

1497 MAIN ST
STE 170
DUNEDIN, FL 34698

FEI Number: 47-4756626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATES, LONDON L ESQ
602 SKINNER BLVD
DUNEDIN, FL 34698 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 MGR
Name HAND-GALLEGOS, CASSANDRA
Address 1497 MAIN ST STE 170
City-State-Zip: DUNEDIN FL 34698

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: CASSANDRA HAND-GALLEGOS

MANAGER

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date