2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2020
Secretary of State
9496848667CC

DOCUMENT# L16000082486

Entity Name: TOPLINE CLAIMS SERVICES, LLC

Current Principal Place of Business:

1100 S POWERLINE RD
219
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1100 S POWERLINE RD
219
DEERFIELD BEACH, FL 33442 US

FEI Number: 81-3097601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOMONIEWSKI, NICHOLAS
1100 S POWERLINE RD
219
DEERFIELD BEACH, FL 33442 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	Title	MGR
Name	PHASS, JUSTIN	Name	KOMONIEWSKI, NICHOLAS
Address	829 NW 47TH STREET	Address	2490 SW 12TH STREET
City-State-Zip:	POMPANO BEACH FL 33064	City-State-Zip:	DEERFIELD BEACH FL 33442

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: NICHOLAS J KOMONIEWSKI MANAGER 04/15/2020

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