

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085165

**Entity Name:** THE CLAIM PROFESSIONALS LAW FIRM, LLC

**Current Principal Place of Business:**

222 S. WESTMONTE CIRCLE  
STE 205  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

222 S. WESTMONTE CIRCLE  
STE 205  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 81-2623530

**Certificate of Status Desired:** No

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

DEFRANCO, JOSEPH  
154 BLUE STONE CIRCLE  
WINTER GARDEN, FL 47871 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 DEFRANCO, JOSEPH  
Address 154 BLUE STONE CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

*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:** JOSEPH M DEFRANCO

**MANAGER**

**06/01/2018**

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

\_\_\_\_\_  
Date