

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000113634

**Entity Name:** ASHLYN CLAIM SERVICES, LLC

**Current Principal Place of Business:**

4300 FALLBROOK BOULEVARD  
PALM HARBOR, FL 34685-2650

**Current Mailing Address:**

4300 FALLBROOK BOULEVARD  
PALM HARBOR, FL 34685-2650

**FEI Number:** 81-2925804

**Certificate of Status Desired:** No

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

DUNKLE, DAVID M  
4300 FALLBROOK BOULEVARD  
PALM HARBOR, FL 34685-2650 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 DUNKLE, DAVID M  
Address 4300 FALLBROOK BOULEVARD  
City-State-Zip: PALM HARBOR FL 34685-2650

*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:** DAVID M. DUNKLE

MANAGER

03/04/2018

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

\_\_\_\_\_  
Date