

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000143606

Entity Name: CLAIMS PAGES, LLC

Current Principal Place of Business:

4100 S. HOSPITAL DRIVE
SUITE 209
PLANTATION, FL 33317

Current Mailing Address:

4100 S. HOSPITAL DRIVE
SUITE 209
PLANTATION, FL 33317 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTTER, ADAM
4100 S. HOSPITAL DRIVE
SUITE 209
PLANTATION, FL 33317 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: ADAM POTTER

01/04/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name POTTER, ADAM
Address 4100 S. HOSPITAL DRIVE
SUITE 209
City-State-Zip: PLANTATION FL 33317

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: ADAM POTTER

CEO

01/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date