

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259871

**Entity Name:** CCS CLAIMS LLC

**Current Principal Place of Business:**

16614 SEDONA DE AVILA  
TAMPA, FL 33613

**Current Mailing Address:**

16614 SEDONA DE AVILA  
TAMPA, FL 33613 US

**FEI Number:** 84-4115032

**Certificate of Status Desired:** No

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

LARSON, ROBERT  
16614 SEDONA DE AVILA  
TAMPA, FL 33613 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:** ROBERT LARSON

05/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LARSON, ROBERT  
Address 16614 SEDONA DE AVILA  
City-State-Zip: TAMPA FL 33613

*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:** ROBERT LARSON

MGR

05/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date