

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259871

**Entity Name:** CCS CLAIMS LLC

**Current Principal Place of Business:**

6600 SW 114TH ST  
PINECREST, FL 33156

**Current Mailing Address:**

6600 SW 114TH ST  
PINECREST, FL 33156 US

**FEI Number:** 84-4115032

**Certificate of Status Desired:** No

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

MIRAGLIA, MICHAEL  
6600 SW 114TH ST  
PINECREST, FL 33156 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:** MICHAEL MIRAGLIA

03/23/2024

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

Title MGR  
Name MIRAGLIA, MICHAEL  
Address 6600 SW 114TH ST  
City-State-Zip: PINECREST FL 33156

*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:** MICHAEL MIRAGLIA

MGR

03/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date