

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000233227

Entity Name: THE CLAIM PROS USA LLC

Current Principal Place of Business:

1848 SE 1ST AVE
FORT LAUDERDALE, FL 33316

Current Mailing Address:

1848 SE 1ST AVE
FORT LAUDERDALE, FL 33316

FEI Number: 83-2113567

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAR, JOHN I
1848 SE 1ST AVE
FORT LAUDERDALE, FL 33316 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: JOHN TAR

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name TAR, JOHN I
Address 1848 SE 1ST AVE
City-State-Zip: FORT LAUDERDALE FL 33316

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: JOHN TAR

PRESIDENT

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date