

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000094950

Entity Name: VERITAS INSURANCE CLAIM SERVICES LLC

Current Principal Place of Business:

16031 AINTREE DR E
LOXAHATCHEE, FL 33470

Current Mailing Address:

16031 AINTREE DR E
LOXAHATCHEE, FL 33470

FEI Number: 83-4428042

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHEURING, VICTORIA
16031 AINTREE DR E
LOXAHATCHEE, FL 33470 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 SECRETARY
Name DIAMANTIDES, JESSICA MARIE
Address 16031 AINTREE DR E
City-State-Zip: LOXAHATCHEE FL 33470

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: JESSICA DIAMANTIDES

SECRETARY

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date