

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000051096

Entity Name: TRISTAR CLAIM SOLUTIONS, LLC

Current Principal Place of Business:

11161 E. SR 70
STE 110-221
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

11161 E. SR 70
STE 110-221
LAKEWOOD RANCH, FL 34202 US

FEI Number: 84-4710893

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, EDWARD J
110 LITTLE WEKIVA CT.
LONGWOOD, FL 32779 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 CEO
Name CROOM, JOHN H
Address 11161 E. SR 70
 STE 110-221
City-State-Zip: LAKEWOOD RANCH FL 34202

Title MANAGER
Name BYLER, LYNN
Address 11161 E. SR 70
 STE 110-221
City-State-Zip: LAKEWOOD RANCH FL 34202

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: LYNN BYLER

MANAGER

04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date