

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000201700

Entity Name: PROPERTY CLAIMS ATTORNEYS, PLLC**Current Principal Place of Business:**1106 THOMASVILLE ROAD
SUITE C
TALLAHASSEE, FL 32303**Current Mailing Address:**1106 THOMASVILLE ROAD
SUITE C
TALLAHASSEE, FL 32303 US**FEI Number:** 85-3269041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHELTON, DALE S
1106 THOMASVILLE ROAD
SUITE C
TALLAHASSEE, FL 32303 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	AMBR
Name	SHELTON, DALE S
Address	1106 THOMASVILLE ROAD SUITE C
City-State-Zip:	TALLAHASSEE FL 32303

Title	AMBR
Name	PEARSON, CHARLES P
Address	1106 THOMASVILLE ROAD SUITE C
City-State-Zip:	TALLAHASSEE FL 32303

Title	AMBR
Name	ASHTON SHELTON, SARA
Address	1106 THOMASVILLE ROAD SUITE C
City-State-Zip:	TALLAHASSEE FL 32303

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: CHARLES P PEARSON**MEMBER-MANAGER****02/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date