

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000126776

Entity Name: LA CLAIM SERVICES, LLC

Current Principal Place of Business:

12187 HIGH ROCK WAY
PARRISH, FL 34219

Current Mailing Address:

12187 HIGH ROCK WAY
PARRISH, FL 34219 US

FEI Number: 86-3113895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 FABROS, JOSHUA C
Address 12187 HIGH ROCK WAY
City-State-Zip: PARRISH FL 34219

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: JOSHUA C FABROS

CEO

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date