2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2025
Secretary of State
9941035442CC

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Entity Name: REGAL CLAIM SERVICES, LLC

Current Principal Place of Business:

2400 LAKEVIEW PARKWAY, SUITE 475
ALPHARETTA, GA 30009

Current Mailing Address:

2400 LAKEVIEW PARKWAY, SUITE 475
ALPHARETTA, GA 30009 US

FEI Number: 76-0707679

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST. N, STE 300
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	FLEMING, JOHN J III	Name	LOBEL, MARK
Address	2400 LAKEVIEW PARKWAY, SUITE 475	Address	3222 MEDINAH CIRCLE
City-State-Zip:	ALPHARETTA GA 30009	City-State-Zip:	LAKE WORTH FL 33467

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 J FLEMING MEMBER 03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date