

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000245991

Entity Name: GOYANES CLAIM MANAGEMENT LLC

Current Principal Place of Business:

500 NW 163 AVE.
PEMBROKE PINES, FL 33028

Current Mailing Address:

500 NW 163 AVE.
PEMBROKE PINES, FL 33028 US

FEI Number: 93-1452935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDUARDO GOYANES
500 NW 163 AVE.
PEMBROKE PINES, FL 33028 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 MGR
Name EDUARDO GOYANES
Address 500 NW 163 AVE.
City-State-Zip: PEMBROKE PINES FL 33028

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: EDUARDO GOYANES

MANAGER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date