

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000275090

Entity Name: PRO CLAIM ADJUSTING LLC

Current Principal Place of Business:

14792 ENCLAVE LAKES DR
APT T2
DELRAY BEACH, FL 33484

Current Mailing Address:

14792 ENCLAVE LAKES DR
APT T2
DELRAY BEACH, FL 33484

FEI Number: 93-1826165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, DANIEL D
14792 ENCLAVE LAKES DR
APT T2
DELRAY BEACH, FL 33484 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 SILVA, DANIEL D
Address 14792 ENCLAVE LAKES DR, APT T2
City-State-Zip: DELRAY BEACH FL 33484

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: DANIEL SILVA

MANAGER

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date