

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000371694

**Entity Name:** FLORIDA CLAIMS MANAGEMENT, LLC

**Current Principal Place of Business:**

8670 SW 149 AVE  
APARTMENT 115  
MIAMI, FL 33193

**Current Mailing Address:**

8670 SW 149 AVE  
APARTMENT 115  
MIAMI, FL 33193 UN

**FEI Number:** 93-2816798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GEORGIAN, DAN A  
8670 SW 149 AVE  
APARTMENT 115  
MIAMI, FL 33193 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            GEORGIAN, DAN A  
Address        8670 SW 149 AVE  
City-State-Zip: MIAMI FL 33193

*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:** DAN A. GEORGIAN

MGR

03/07/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date