

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000512030

**Entity Name:** ASSET CLAIMS PLLC

**Current Principal Place of Business:**

12675 SOUTH DIXIE HWY  
SUITE 114  
PINECREST, FL 33156

**Current Mailing Address:**

8670 SW 149 AVE  
APT 115  
MIAMI, FL 33193 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GEORGIAN, DAN A  
12675 SOUTH DIXIE HWY  
SUITE 114  
PINECREST, FL 33156 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, APT 115  
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 GEORGIAN

MGR

04/11/2025

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

\_\_\_\_\_  
Date