

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004012

**Entity Name:** CIS CLAIM SERVICES LLC

**Current Principal Place of Business:**

2345 DEAN WAY  
SOUTHLAKE, TX 76092

**Current Mailing Address:**

2345 DEAN WAY  
SOUTHLAKE, TX 76092 US

**FEI Number:** 45-3460562

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name STANLEY, MICHAEL  
Address 2345 DEAN WAY  
City-State-Zip: SOUTHLAKE TX 76092

Title MEMBER  
Name SADER, PHIL  
Address 2345 DEAN WAY  
City-State-Zip: SOUTHLAKE TX 76092

Title MEMBER  
Name CASTLEMAN, BALLARD  
Address 2345 DEAN WAY  
City-State-Zip: SOUTHLAKE TX 76092

Title AUTHORIZED PERSON  
Name STANLEY, SUMMER  
Address 2345 DEAN WAY  
City-State-Zip: SOUTHLAKE TX 76092

*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:** SUMMER STANLEY

**AUTHORIZED PERSON**

**02/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date