

2019 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

03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date