#### 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000361

Entity Name: DONAN CLAIM SERVICES, LLC

FILED Feb 26, 2024 Secretary of State 8884818226CC

# **Current Principal Place of Business:**

500 NORTH HURSTBOURNE PARKWAY

SUITE 350

LOUISVILLE, KY 40222

## **Current Mailing Address:**

12450 LAKE STATION PLACE LOUISVILLE, KY 40299 US

FEI Number: 45-1289863 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 DONAN, J LYLE

Address 500 NORTH HURSTBOURNE

PARKWAY SUITE 350

City-State-Zip: LOUISVILLE KY 40222

SIGNATURE: J LYLE DONAN

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER 02/26/2024

Date