

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008063

Entity Name: REVCLAIMS, LLC

Current Principal Place of Business:

2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216

Current Mailing Address:

POST OFFICE BOX 12535
JACKSON, MS 39236-2535

FEI Number: 46-0664980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO
Name WILLIAMS, BRAD
Address 2510 LAKELAND TERRACE, SUITE 100

City-State-Zip: JACKSON MS 39216

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: BRAD WILLIAMS

CEO

02/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date