

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000006455

Entity Name: RYZE CLAIM SOLUTIONS LLC

Current Principal Place of Business:

14701 CUMBERLAND ROAD
SUITE 300
NOBLESVILLE, IN 46060

Current Mailing Address:

PO BOX 40878
INDIANAPOLIS, IN 46240 US

FEI Number: 35-2072320

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	MANAGER
Name	ST. JOHN, SCOTT
Address	4830 W KENNEDY BLVD SUITE 225
City-State-Zip:	TAMPA FL 33609
Title	AUTHORIZED PERSON
Name	PITTS, WENDY
Address	14701 CUMBERLAND ROAD SUITE 300
City-State-Zip:	NOBLESVILLE IN 46060

Title	MANAGER
Name	GRIPPA, ANTHONY "TONY"
Address	14701 CUMBERLAND ROAD SUITE 300
City-State-Zip:	NOBLESVILLE IN 46060

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: WENDY PITTS

AUTHORIZED PERSON

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date