

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000010912

**Entity Name:** ACORN CLAIMS LLC

**Current Principal Place of Business:**

1701 S ENTERPRISE AVE  
STE 104  
SPRINGFIELD, MO 65804

**Current Mailing Address:**

1701 S ENTERPRISE AVE  
STE 104  
SPRINGFIELD, MO 65804 US

**FEI Number:** 26-4491874

**Certificate of Status Desired:** Yes

**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            BROWN, ROBERT  
Address        1701 S ENTERPRISE AVE  
                  STE 104  
City-State-Zip: SPRINGFIELD MO 65804  
  
Title            CHIEF BUSINESS OFFICER  
Name            BELZ, KIRK  
Address        1701 S ENTERPRISE AVE  
                  STE 104  
City-State-Zip: SPRINGFIELD MO 65804

Title            MGR  
Name            BREWSTER, STEPHEN  
Address        1701 S ENTERPRISE AVE  
                  STE 104  
City-State-Zip: SPRINGFIELD MO 65804

*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:** ROBERT BROWN

CEO

01/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date