

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000010912

**Entity Name:** ACORN CLAIMS LLC

**Current Principal Place of Business:**

5508 N FARMER BRANCH RD  
OZARK, MO 65721

**Current Mailing Address:**

5508 N FARMER BRANCH RD  
OZARK, MO 65721

**FEI Number:** 26-4491874

**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 MGR  
Name BROWN, ROBERT  
Address 5508 N FARMER BRANCH RD  
City-State-Zip: OZARK MO 65721

Title MGR  
Name BELZ, KIRK  
Address 5508 N FARMER BRANCH RD  
City-State-Zip: OZARK MO 65721

Title D  
Name BREWSTER, STEVE  
Address 5508 N FARMER BRANCH RD  
City-State-Zip: OZARK MO 65721

Title D  
Name GANN, BRAD  
Address 5508 N FARMER BRANCH RD  
City-State-Zip: OZARK MO 65721

*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

**MANAGING PARTNER**

**01/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date