

2019 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/MEMBER**

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date