

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000404472

Entity Name: KNOW YOUR CLAIM, LLC

Current Principal Place of Business:

619 E NEW YORK AVE
SUITE 2
DELAND, FL 32724

Current Mailing Address:

619 E NEW YORK AVE
SUITE 2
DELAND, FL 32724

FEI Number: 61-2117495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINTER, JOHN
619 E NEW YORK AVE
SUITE 2
DELAND, FL 32724 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 AMBR
Name LEVITT, NEIL
Address 1607 MARTY DR
City-State-Zip: PIERSON FL 32180

Title AMBR
Name SINGER, JOE
Address 16180 BAYSIDE POINTE E, 1603
City-State-Zip: FORT MYERS FL 33908

Title AMBR
Name WINTER, JOHN
Address 1300 SWIFT CREEK WAY
City-State-Zip: WINTER SPRINGS FL 32708

Title AMBR
Name ANDERSON, DORINDA
Address 741 HELEN AVE
City-State-Zip: DELAND FL 32720

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: JOHN WINTER

AMBR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date