

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020065

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** FLORIDA CLAIMS CONSULTANTS, LLC

**Current Principal Place of Business:**

6365 TAFT STREET  
1003  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

6365 TAFT STREET  
1003  
HOLLYWOOD, FL 33024 US

**New Mailing Address:**

**FEI Number:** 20-0929007      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOMBARDI, CHRISTOPHER  
6365 TAFT STREET  
1003  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOMBARDI, CHRISTOPHER  
Address: 6365 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33024 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER LOMBARDI      MR.      01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date