

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008973

**FILED  
Apr 16, 2010  
Secretary of State**

**Entity Name:** FLORIDA PENINSULA CLAIM SERVICES, LLC

**Current Principal Place of Business:**

621 N.W. 53RD STREET, SUITE 140  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

621 N.W. 53RD STREET, SUITE 140  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 74-3249618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIULIANI, STACEY A ESQ  
621 N.W. 53RD STREET, SUITE 125  
BOCA RATON, FL 33487 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: MGR  
Name: CANTOR, GARY M  
Address: 621 NW 53 ST, SUITE 125  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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: STACEY A GIULIANI

SEC

04/16/2010

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