

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071271

FILED
Jan 11, 2012
Secretary of State

Entity Name: FLORIDA CLAIM ADVOCATES, LLC

Current Principal Place of Business:

15627 SHOAL CREEK PL
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

PO BOX 1111
OLDSMAR, FL 346771111

New Mailing Address:

FEI Number: 20-8876092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHIBALD, GAIL K
15627 SHOAL CREEK PL
ODESSA, FL 33556 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
Name: ARCHIBALD, GAIL K
Address: 15627 SHOAL CREEK PL
City-St-Zip: ODESSA, FL 33556

Title: MGRM
Name: ARCHIBALD, SCOTT R
Address: 15627 SHOAL CREEK PL
City-St-Zip: ODESSA, FL 33556

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: GAIL ARCHIBALD

MGRM

01/11/2012

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