

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096820

Entity Name: CLAIMS EXPERTS, LLC

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

212 LOCUST PASS TRACE  
OCALA, FL 34472

**New Principal Place of Business:**

200 OAKWOOD DRIVE  
SUITE 206  
OCALA, FL 34472

**Current Mailing Address:**

212 LOCUST PASS TRACE  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 94-3449117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ANTONIO, JOSUE  
212 LOCUST PASS TRACE  
OCALA, FL 34472      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: ANTONIO, JOSUE  
Address: 212 LOCUST PASS TRACE  
City-St-Zip: Ocala, FL 34472

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: JOSUE ANTONIO

MGRM

02/29/2012

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