

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125560

Entity Name: CLAIMS MANAGEMENT GROUP, LLC

Current Principal Place of Business:

B 561057
ROCKLEDGE, FL 32956

Current Mailing Address:

PO BOX 561057
ROCKLEDGE, FL 32956 US

FEI Number: 90-0773227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTES, SYDNEY
B 561057
ROCKLEDGE, FL 32956 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 MGRM
Name ESTES, SYDNEY
Address P.O. BOX 561057
City-State-Zip: ROCKLEDGE FL 32956

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYDNEY ESTES

PRES

01/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date