2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010138

1. Entity Name

CLAIM SERVICE CONSORTIUM, LTD. CO.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

19215 SW 222ND ST MIAMI, FL 33170-3305 Mailing Address

208 RIVERSIDE DR LOVELAND, OH 45140



DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 65-1117232 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BISHOP, DAVID 19215 SW 222ND ST MIAMI, FL 33170-3305

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The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	-	
SIGNATURE		

(NOTE: Registered Agent supplifure required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000903825 04/30/08-80060-016 138.75

DATE

MANAGING MEMBERS/MANAGERS 9. MGR TITLE BISHOP, DAVID NAME STREET ADDRESS 19215 SW 222ND ST CITY-ST-ZIP MIAMI, FL 331703305 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or manager of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPET OR PROJED MAKE OF SIGNING MANAGING MEMORE

OR AUTHORIZED REPRESENTATIVE

Devilme Phone #