

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000010138

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** CLAIM SERVICE CONSORTIUM, LTD. CO.

**Current Principal Place of Business:**

19215 SW 222ND ST  
MIAMI, FL 331703305

**New Principal Place of Business:**

345 E PALM DRIVE  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

208 RIVERSIDE DR  
LOVELAND, OH 45140

**New Mailing Address:**

**FEI Number:** 65-1117232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BISHOP, DAVID  
19215 SW 222ND ST  
MIAMI, FL 331703305 US

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

BISHOP, DAVID  
345 E PALM DRIVE  
FLORIDA CITY, FL 33034 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: \_\_\_\_\_

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BISHOP, DAVID  
Address: 345 E PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

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: DAVID BISHOP

MGR

03/09/2010

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