2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

DOCUMENT# L03000053888

Entity Name: FIRST FLORIDA CLAIMS SERVICES, LLC

Current Principal Place of Business:

3206 S. HOPKINS AVE STE #2
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3206 S. HOPKINS AVE STE #2
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRACENER, BOYD
3206 S. HOPKINS AVE. STE #2
TITUSVILLE, FL 32780 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: STRACENER, BOYD
Address: 3206 S. HOPKINS AVE. STE #2
City-St-Zip: TITUSVILLE, FL 32780

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 Statues.

SIGNATURE: BOYD STRACENER MGRM 04/05/2012

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