

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054797

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: SKYWAY CLAIMS SERVICES, LLC

**Current Principal Place of Business:**

360 CENTRAL AVE  
SUITE 900  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

360 CENTRAL AVE  
SUITE 900  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3775005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOX, RICHARD N JR  
2822 REMINGTON GREEN  
TALLAHASSEE, FL 32308 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: BRANCH, GREG C  
Address: 335 NE WATULA AVE  
City-St-Zip: OCALA, FL 34470 US

Title: MGRM  
Name: WHITEMORE, KENT  
Address: 100 2ND AVE S., #304-S  
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGRM  
Name: POITEVINE, ALEC II  
Address: 1100 DOTHAN ROAD  
City-St-Zip: BAINBRIDGE, GA 39817

Title: MGR  
Name: ROHLOFF, JOHN  
Address: 360 CENTRAL AVE STE 900  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR  
Name: RUSSELL, MELVIN A  
Address: 360 CENTRAL AVE STE 900  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: HOOD, WILLIAM  
Address: 3003 PALM HARBOR BLVD, STE A  
City-St-Zip: PALM HARBOR, FL 34683

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: MELVIN RUSSELL

MGR

04/26/2012

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