

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000018031**

**1. Entity Name**

**MARTINY CLAIMS SERVICE, LLC**



**Principal Place of Business**

**P.O. BOX 6774  
BRANDON, FL 33508**

**Mailing Address**

**P.O. BOX 6774  
BRANDON, FL 33508**

**DO NOT WRITE IN THIS SPACE**



**04132006No Chg-LLC**

**CR2E083 (11/05)**

**4. FEI Number**

**26-5514956**

**Applied For**

☒ **Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTINY, LYNNE S  
2412 OAK LANDING DRIVE  
BRANDON, FL 33511**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000516009  
04/29/06-80235-003 50.00**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>MARTINY, LYNNE S</b>
<b>STREET ADDRESS</b>	<b>2412 OAK LANDING DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>BRANDON, FL 33511</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 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:** *Lynne S. Martiny* **Lynne S. Martiny** **4-14-06** **813-655-7585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #