

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90035 048 ****50.00

DOCUMENT # L04000036136

1. Entity Name
FIRST COMMERCIAL CLAIM SERVICES, LLC



Principal Place of Business
**6450 WEST 21 COURT
SUITE 102
HIALEAH, FL 33016 US**

Mailing Address
**6450 WEST 21 COURT
SUITE 102
HIALEAH, FL 33016 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

32-0116452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUCHADES, MICHAEL A ESQ.
6450 WEST 21 COURT
SUITE 102
HIALEAH, FL 33016**

Name
Puchades, Michael A. Esq.

Street Address (P.O. Box Number is Not Acceptable)
7900 N.W. 155th St. Suite # 201

City **Miami Lakes** FL Zip Code **33016**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FIRST COMMERCIAL UNDERWRITERS, LLC
STREET ADDRESS 7900 N.W. 155 STREET, STE 201
CITY-ST-ZIP MIAMI LAKES,, FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CAMBERT, RENE
STREET ADDRESS 7900 N.W. 155 STREET, STE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PUCHADES, MICHAEL A
STREET ADDRESS 6450 WEST 21 COURT
CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☒ Change ☐ Addition
NAME Puchades, Michael A
STREET ADDRESS 7900 N.W. 155th St. Suite # 201
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rene M. Cambert

4/6/2006

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

Date

Daytime Phone #