

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036136

FILED
Mar 02, 2007
Secretary of State

Entity Name: FIRST COMMERCIAL CLAIM SERVICES, LLC

Current Principal Place of Business:

6450 WEST 21 COURT
SUITE 102
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

6450 WEST 21 COURT
SUITE 102
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 32-0116452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUCHADES, MICHAEL A ESQ.
7900 NW 155TH ST, STE 201
MIAMI LAKES, FL 33016 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: MGR (X) Delete
Name: FIRST COMMERCIAL UND, ERWRITERS, LLC
Address: 7900 N.W. 155 STREET, STE 201
City-St-Zip: MIAMI LAKES,, FL 33016 US

Title: MGR () Delete
Name: CAMBERT, RENE
Address: 7900 N.W. 155 STREET, STE 201
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: MGR () Delete
Name: PUCHADES, MICHAEL A
Address: 7900 NW 155TH ST, STE 201
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RENE M. CAMBERT

MGR

03/02/2007

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