

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043936

FILED
Apr 24, 2005
Secretary of State

Entity Name: SALVADOR CLAIMS SERVICE, LLC

Current Principal Place of Business:

4545 WILDERNESS LN N
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

4545 WILDERNESS LN N
JACKSONVILLE, FL 32258

New Mailing Address:

11250 OLD ST. AUGUSTINE RD.
#15-221
JACKSONVILLE, FL 32257

FEI Number: 20-1228608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVADOR, DANIEL D
4545 WILDERNESS LN N
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

SALVADOR, DANIEL D CEO
4545 WILDERNESS LN N
JACKSONVILLE, FL 32258 US

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: DANIEL D. SALVADOR

04/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SALVADOR, MONIKA C CFO
Address: 4545 WILDERNESS LN N
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONIKA SALVADOR

CFO

04/24/2005

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