

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062320

FILED
Apr 13, 2009
Secretary of State

Entity Name: INSURANCE CLAIM RECONSTRUCTION CONTRACTORS, LLC

Current Principal Place of Business:

431 AULIN AVE., STE. C
OVIEDO, FL 32765 US

New Principal Place of Business:

345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713 US

Current Mailing Address:

P.O. BOX 621231
OVIEDO, FL 32762

New Mailing Address:

345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713 US

FEI Number: 76-0766620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEENEY, MONICA M.K. A
431 AULIN AVE., STE. C
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

MANGEL, JOHN A
345 SWEETWATER SPRINGS STREET
DEBARY, FL 32713 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: JOHN A. MANGEL

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANGEL, JOHN A
Address: 345 SWEETWATER SPRINGS STREET
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANGEL, JOHN A
Address: 345 SWEETWATER SPRINGS STREET
City-St-Zip: DEBARY, FL 32713 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A. MANGEL

MGR

04/13/2009

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