

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028308

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** CLAIMS ADJUSTING & CONSULTING SERVICES, L.L.C.

**Current Principal Place of Business:**

2650 DOYLE ROAD  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2650 DOYLE ROAD  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 20-2595585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, LINDA  
2650 DOYLE ROAD  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

CRUZ, LINDA M  
2650 DOYLE ROAD  
DELTONA, FL 32738 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: LINDA M. CRUZ

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CRUZ, LINDA  
Address: 2650 DOYLE ROAD  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CRUZ, LINDA M  
Address: 2650 DOYLE ROAD  
City-St-Zip: DELTONA, FL 32738

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: LINDA M. CRUZ

MRS.

01/16/2006

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