2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000042050

Entity Name: PROFESSIONAL CLAIMS REPRESENTATIVES, LLC

Current Principal Place of Business:

1719 OAKLEY AVE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1719 OAKLEY AVE
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 05-0621705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete
Name: BUCK, ROBERT A
Address: 1719 OAKLEY AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM ( ) Delete
Name: SCHMITT, STEVE L
Address: 1719 OAKLEY AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGR ( ) Delete
Name: REID, PAUL
Address: PO BOX 365
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SCHMITT, STEVE L
Address: 1713 NEEDLES LANE EAST
City-St-Zip: LARGO, FL 33771 US

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

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: ROBERT A. BUCK MGRM 01/07/2008

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