

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000042050

FILED
Jan 25, 2008
Secretary of State**Entity Name:** PROFESSIONAL CLAIMS REPRESENTATIVES, LLC**Current Principal Place of Business:**1719 OAKLEY AVE
FORT MYERS, FL 33901 US**New Principal Place of Business:**19701 GULF BLVD
#426
INDIAN ROCKS BEACH, FL 33785 US**Current Mailing Address:**1719 OAKLEY AVE
FORT MYERS, FL 33901 US**New Mailing Address:**19701 GULF BLVD
#426
INDIAN ROCKS BEACH, FL 33785 US**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 (X) Delete
Name: SCHMITT, STEVE L
Address: 1713 NEEDLES LANE EAST
City-St-Zip: LARGO, FL 33771 US**Title:** MGR (X) Delete
Name: REID, PAUL
Address: PO BOX 365
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: REID, PAUL
Address: 19701 GULF BLVD #426
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US**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 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: PAUL REID

MGRM

01/25/2008

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