

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000042050

FILED
Jul 14, 2008
Secretary of State**Entity Name:** PROFESSIONAL CLAIMS REPRESENTATIVES, LLC**Current Principal Place of Business:**19701 GULF BLVD
#426
INDIAN ROCKS BEACH, FL 33785 US**New Principal Place of Business:**11580 OAKHURST ROAD
#2
LARGO, FL 33774 US**Current Mailing Address:**19701 GULF BLVD
#426
INDIAN ROCKS BEACH, FL 33785 US**New Mailing Address:**10500 ULMERTON ROAD
SUITE 726-222
LARGO, FL 33771 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: REID, PAUL
Address: 19701 GULF BLVD #426
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: SCHMITT, STEVE L
Address: 19701 GULF BLVD #102
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 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: STEVE L SCHMITT

MGRM

07/14/2008

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