

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057022

FILED
Mar 07, 2006
Secretary of State

Entity Name: PROOF OF LOSS SERVICES, LLC

Current Principal Place of Business:

1331 13TH STREET
SARASOTA, FL 34236

New Principal Place of Business:

3889 CANOPY WAY
SARASOTA, FL 34236

Current Mailing Address:

1331 13TH STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-2990726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MBR () Change (X) Addition
Name: CLAIRE, JAMIE P
Address: 3889 CANOPY WAY
City-St-Zip: SARASOTA, FL 34235

Title: MBR () Change (X) Addition
Name: CLAIRE, DANIEL S
Address: 3889 CANOPY WAY
City-St-Zip: SARASOTA, FL 34235

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: JAMIE P CLAIRE

MGRM

03/07/2006

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