

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057022

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: PROOF OF LOSS SERVICES, LLC

**Current Principal Place of Business:**

3889 CANOPY WAY  
SARASOTA, FL 34236

**New Principal Place of Business:**

**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: MGR ( ) Delete  
Name: CLAIRE, JAMIE P  
Address: 3889 CANOPY WAY  
City-St-Zip: SARASOTA, FL 34235

Title: MGR ( ) Delete  
Name: CLAIRE, DANIEL S  
Address: 3889 CANOPY WAY  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES:**

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: DANIEL S CLAIRE

MGR

04/26/2008

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