

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074446

FILED
Apr 04, 2006
Secretary of State

Entity Name: ASSURECLAIM LLC

Current Principal Place of Business:

8374 MARKET PLACE
236
BRADENTON, FL 34202

New Principal Place of Business:

5400 S BISCAYNE DRIVE
SUITE G
NORTH PORT, FL 34287

Current Mailing Address:

8374 MARKET PLACE
236
BRADENTON, FL 34202

New Mailing Address:

5400 S BISCAYNE DRIVE
SUITE G
NORTH PORT, FL 34287

FEI Number: 54-2179741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISKOVICH, PETER
387 MAHOGANY POINT
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

KUHLE, JENNIFER L
5400 S BISCAYNE DRIVE
SUITE G
NORTH PORT, FL 34287 US

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: JENNIFER L. KUHLE

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KUHLE, JENNIFER L
Address: 5400 S BISCAYNE DRIVE
City-St-Zip: NORTH PORT, FL 34202

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: JENNIFER L. KUHLE

MGR

04/04/2006

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