

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074446

Entity Name: ASSURECLAIM LLC

FILED  
Apr 16, 2007  
Secretary of State

**Current Principal Place of Business:**

5400 S BISCAYNE DRIVE  
SUITE G  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

5400 S BISCAYNE DRIVE  
SUITE G  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 54-2179741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KLEMEYER, ROBERT  
5396 ANTHONY LANE  
SARASOTA, FL 34233 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: ROBERT KLEMEYER

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KLEMEYER, ROBERT  
Address: 5396 ANTHONY LANE  
City-St-Zip: SARASOTA, FL 34233

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: ROBERT KLEMEYER

MGRM

04/16/2007

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