

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074446

Entity Name: ASSURECLAIM LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

5400 S BISCAYNE DRIVE
SUITE G
NORTH PORT, FL 34287

New Principal Place of Business:

3859 BEE RIDGE RD
SUITE 101
SARASOTA, FL 34233

Current Mailing Address:

5400 S BISCAYNE DRIVE
SUITE G
NORTH PORT, FL 34287

New Mailing Address:

3859 BEE RIDGE RD
SUITE 101
SARASOTA, FL 34233

FEI Number: 54-2179741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEMEYER, ROBERT
5396 ANTHONY LANE
SARASOTA, FL 34233 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: KLEMEYER, ROBERT
Address: 5396 ANTHONY LANE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

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: ROBERT KLEMEYER

MGRM

04/30/2008

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