

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075606

FILED
Feb 10, 2006
Secretary of State

Entity Name: NORTH FLORIDA CLAIM SERVICES, LLC

Current Principal Place of Business:

51 LIMESTONE LANE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

51 LIMESTONE LANE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-3241236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWALCHYK, DEAN C
1538 METROPOLITAN BOULEVARD
B-2
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

LASALLE, ALICE
51 LIMESTONE LANE
CRAWFORDVILLE, FL 32327 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: ALICE LASALLE

02/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASALLE, EFRAIN
Address: 51 LIMESTONE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: LASALLE, ALICE K
Address: 51 LIMESTONE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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 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: ALICE LASALLE

MGRM

02/10/2006

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