## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000075606

Entity Name: NORTH FLORIDA CLAIM SERVICES, LLC

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

51 LIMESTONE LANE CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

51 LIMESTONE LANE CRAWFORDVILLE, FL 32327

FEI Number: 20-3241236 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LASALLE, ALICE LASALLE, EFRAIN 51 LIMESTONE LANE 51 LIMESTONE LANE

CRAWFORDVILLE, FL 32327 US 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.

0.01.1.7.1.7.

SIGNATURE: EFRAIN LASALLE 01/07/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LASALLE, EFRAIN
 Name:

 Address:
 51 LIMESTONE LANE
 Address:

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LASALLE, ALICE K
 Name:

 Address:
 51 LIMESTONE LANE
 Address:

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 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: EFRAIN LASALLE MGRM 01/07/2008