



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90024 033 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L05000111808</b><br>1. Entity Name<br><b>MARIAH CLAIMS SERVICES, LLC</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>302 KNIGHTS RUN AVE., SUITE 700<br/>TAMPA, FL 33602</b>  |   |  | Mailing Address<br><b>302 KNIGHTS RUN AVE., SUITE 700<br/>TAMPA, FL 33602</b>           |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>KRZESINSKI, THOMAS S<br/>302 KNIGHTS RUN AVE., SUITE 700<br/>TAMPA, FL 33602</b>  |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>POE FINANCIAL GROUP, INC.<br/>302 KNIGHTS RUN AVE., SUITE 700<br/>TAMPA, FL 33602</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | <b>JAY MEDIA, LLC</b>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date</small> <b>1/27/2006</b> <small>Daytime Phone #</small> <b>813-255-4000</b> |  |  |