

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000000741

1. Entity Name

FIRST FOCUS CLAIM SOLUTIONS, LLC

Seal of the State of Florida

Principal Place of Business

20860 SAN SIMEON WAY
#207
NORTH MIAMI BEACH FL 33179

Mailing Address

P O BOX 430268
SOUTH MIAMI FL 33243-0268

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3825519

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/07)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, REBECCA A
20860 SAN SIMEON WAY
#207
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MGRM

NAME

SANCHEZ, REBECCA A

STREET ADDRESS

20860 SAN SIMEON WAY, #207

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33179

Delete

TITLE

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Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Rebecca A. Sanchez

04-16-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #