2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007
Secretary of State

DOCUMENT# L06000029895

Entity Name: NATIONWIDE CLAIMS ADJUSTERS, LLC.

Current Principal Place of Business:

P O BOX 558742
MIAMI, FL 33255 US

New Principal Place of Business:

4011 W FLAGLER STREET
#403
MIAMI, FL 33134 US

Current Mailing Address:

P O BOX 558742
MIAMI, FL 33255 US

New Mailing Address:

4011 W FLAGLER STREET
#403
MIAMI, FL 33134 US

FEI Number: 20-4545547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANTANA, JAVIER
P O BOX 558742
MIAMI, FL 33255 US

Name and Address of New Registered Agent:

SANTANA, JAVIER
4011 W FLAGLER STREET
403
MIAMI, FL 33134 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: JAVIER SANTANA 07/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANTANA, JAVIER
Address: P O BOX 558742
City-St-Zip: MIAMI, FL 33255 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: SANTANA, NOELIA C
Address: P O BOX 558742
City-St-Zip: MIAMI, FL 33255 US

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: JAVIER SANTANA MGRM 07/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date