

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030713

FILED
Apr 20, 2007
Secretary of State

Entity Name: INNOVATIVE CLAIMS SOLUTIONS, L.L.C.

Current Principal Place of Business:

7447 NIGTH HERON DRIVE
LAND O LAKES, FL 34637

New Principal Place of Business:

8048 OLD CR 54
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

7447 NIGTH HERON DRIVE
LAND O LAKES, FL 34637

New Mailing Address:

8048 OLD CR 54
NEW PORT RICHEY, FL 34653 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBARISE, JAMES C
Address: 7447 NIGTH HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: MGR () Delete
Name: GRAZIANO, STEVEN
Address: 7447 NIGTH HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: S () Delete
Name: BARBARISE, NANCY
Address: 7447 NIGTH HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: T () Delete
Name: GRAZIANO, MELISSA
Address: 7447 NIGTH HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARBARISE, JAMES C
Address: 7447 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: MGR (X) Change () Addition
Name: GRAZIANO, STEVEN
Address: 11507 BELLE HAVEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S (X) Change () Addition
Name: BARBARISE, NANCY
Address: 7447 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: T (X) Change () Addition
Name: GRAZIANO, MELISSA
Address: 11507 BELLE HAVEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: MELISSA GRAZIANO

T

04/20/2007

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