

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038059

FILED
Sep 15, 2009
Secretary of State

Entity Name: MCDANIEL CLAIM SERVICE, LLC

Current Principal Place of Business:

2741 2ND AVENUE N.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 4111
SAINT PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 86-1165698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MCDANIEL, ROBERT
2741 2ND AVENUE N.
ST. PETERSBURG, FL 33713 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: MGRM () Delete
Name: MCDANIEL, ROBERT
Address: 2741 2ND AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGRM () Delete
Name: MCDANIEL, SAMANTHA
Address: 2741 2ND AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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: SAMANTHA MCDANIEL

VP

09/15/2009

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