

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058322

FILED
Mar 07, 2007
Secretary of State

Entity Name: STORM KING CLAIMS SERVICES, LLC

Current Principal Place of Business:

PO BOX 326
CORNWALL ON HUDSON, NY 12520 US

New Principal Place of Business:

8 RIVERSIDE DRIVE
CORNWALL ON HUDSON, NY 12520 US

Current Mailing Address:

1528 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 20-5008024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKLIDGE, RAYMOND M ESQUIRE
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543 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: VATTER, DOUG
Address: 8 RIVERSIDE DRIVE
City-St-Zip: CORNWALL ON HUDSON, NY 12520 US

Title: MGRM () Delete
Name: JERGER, T JOHN JR.
Address: 1528 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: JERGER, THOMAS J SR.
Address: 1528 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES:

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

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 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: DOUGLAS VATTER

MGRM

03/07/2007

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