

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065668

FILED
Apr 29, 2009
Secretary of State

Entity Name: NETWORK CLAIMS SERVICE, L.L.C.

Current Principal Place of Business:

605 W. MORENO STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

605 W. MORENO STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-5148642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, JOHN H
5119 CHANDELLE DRIVE
PENSACOLA, FL 32507 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 (X) Delete
Name: MACMILLAN, CHARLES
Address: 1441 PLAYER'S CLUB CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete
Name: JAMES F. LEE DBA INSURENET, INC.
Address: 605 W. MORENO STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: GREEN, SCOTT
Address: 1123 PEARSON ROAD
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: MATTHEWS, JOHN H
Address: 5119 CHANDELLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: DYE, ROBERT E
Address: 3653 ANDREW JACKSON DRIVE
City-St-Zip: PACE, FL 32571

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:

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: JOHN H. MATTHEWS

MGRM

04/29/2009

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