

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083502

FILED
Jul 20, 2007
Secretary of State

Entity Name: INSURACLAIM, LLC

Current Principal Place of Business:

21218 ST ANDREWS BLVD
#224
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

21218 ST ANDREWS BLVD
#224
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 20-8209144 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:

Name and Address of New Registered Agent:

INSURANCE SERVICE ASSOCIATES LLC
20283 SR 7 SUITE 400
BOCA RATON, FL 33498 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALBA, DAN
Address: 21218 ST ANDREWS BLVD, #224
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES:

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: DANIEL ALBA

MR

07/20/2007

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