

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000083502

**Entity Name:** INSURACLAIM, LLC

**FILED**  
**Oct 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20283 STATE ROAD 7  
400  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

20283 STATE ROAD 7  
400  
BOCA RATON, FL 33498 US

**New Mailing Address:**

**FEI Number:** 20-8209144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALBA, DAN  
**Address:** 20283 STATE ROAD 7 SUITE 400  
**City-St-Zip:** BOCA RATON, FL 33498 US

I hereby 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:** DAN ALBA

MGRM

10/08/2011

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