2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088027

Entity Name: CLAIMS HANDLING SPECIALISTS LLC

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2040 POLK STREET 1930 HARRISON STREET HOLLYWOOD, FL 33020

309

HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

1930 HARRISON STREET 2040 POLK STREET HOLLYWOOD, FL 33020 309

HOLLYWOOD, FL 33020

FEI Number: 20-5504955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RUSSELL, HOLIDAY H ESQ. RUSSELL, HOLIDAY H ESQ. 2040 POLK STREET 1930 HARRISON STREET HOLLYWOOD, FL 33020 US 309

HOLLYWOOD, FL 33020 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: HOLIDAY RUSSELL 04/12/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR (X) Delete Title: () Change () Addition

SHIVER, MARK W Name: Name: Address: 122 DOGWOOD DRIVE Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: CAFFREY, DOREEN Name: Address: 8991 S.W. 49TH STREET Address: City-St-Zip: COOPER CITY, FL 33328 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: DOREEN CAFFREY 04/12/2007