

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088027

FILED
Apr 14, 2009
Secretary of State

Entity Name: CLAIMS HANDLING SPECIALISTS LLC

Current Principal Place of Business:

1930 HARRISON STREET
309
HOLLYWOOD, FL 33020

New Principal Place of Business:

2200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

Current Mailing Address:

1930 HARRISON STREET
309
HOLLYWOOD, FL 33020

New Mailing Address:

2200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

FEI Number: 20-5504955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUSSELL, HOLIDAY H ESQ.
2200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 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 HUNT RUSSELL

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAFFREY, DOREEN
Address: 8991 S.W. 49TH STREET
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAFFREY, DOREEN
Address: 2200 SOUTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

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: DOREEN CAFFREY

MGR

04/14/2009

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