

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000117679

FILED
Oct 03, 2011
Secretary of State

Entity Name: ALL CLAIMS ADJUSTERS LLC

Current Principal Place of Business:

2715 N OCEAN BLVD. 9D
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 480063
FT. LAUDERDALE, FL 333480063

New Mailing Address:

FEI Number: 20-8141228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCACCETTI, BRADFORD
2715 N OCEAN BLVD
9D
FORT LAUDERDALE, FL 33308 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: BRADFORD SCACCETTI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SCACCETTI, BRADFORD
Address: PO BOX 480063
City-St-Zip: FORT LAUDERDALE, FL 33348

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: BRADFORD SCACCETTI

MGR

10/03/2011

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