

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 03, 2011  
Secretary of State**

DOCUMENT# L06000117679

**Entity Name:** ALL CLAIMS ADJUSTERS LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

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

FEI Number: 20-8141228

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:**

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