FILED
Jul 02, 2007 8:00 am
Secretary of State
05-29-2007 90286 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06???117???

1. Entity Name
CLAIMS ADJUSTING GROUP LLC

30011387

TAX ID # 20-8176154

Principal Place of Business
6231 PEMBROKE RD
HOLLYWOOD, FL 33023 US

Mailing Address
6231 PEMBROKE RD
HOLLYWOOD, FL 33023 US

05232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: 6260 SW 195th Ave
Suite, Apt. #, etc.
City & State: Pembroke Pines FLA
Zip: 33332 County: Broward

FEI Number: 20-8176154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DARWISH, MICHAEL
6231 PEMBROKE RD
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent
Name: Michael Darwish
Street Address (P.O. Box Number is Not Acceptable): 6260 SW 195th Ave
City: Pembroke Pines FL Zip Code: 33332

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGERS/MANAGING MEMBERS

TITLE	MGR
NAME	DARWISH, MICHAEL
STREET ADDRESS	6231 PEMBROKE RD
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

05/29/2007 16:47 0000000000