



FILED
Apr 02, 2008 8:00 am
Secretary of State

03-10-2008 90334 006 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000118229			
1. Entity Name DAILY CLAIMS, LLC			
Principal Place of Business 482 SADDLE BAY LOOP OCFEE, FL 34761		Mailing Address 482 SADDLE BAY LOOP OCFEE, FL 34761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY STONER CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE, STE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small> DATE _____			
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVESQUE, ALAN M 482 SADDLE BAY LOOP OCFEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVESQUE, LAURA J 482 SADDLE BAY LOOP OCFEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		3/2/08 727-455-0171	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

ATTACHMENT 30003158
HENDRY, STONER, CALANDRINO & BROWN

PROFESSIONAL ASSOCIATION

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ORLANDO, FLORIDA 32801

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COMMERCIAL AND TAX LITIGATION
CERTIFIED CIRCUIT CIVIL MEDIATOR

MARCOS A. CIGAGNA
ADMITTED IN BRAZIL ONLY

KARIN WEISS-YACOBI
ADMITTED IN ISRAEL ONLY

March 31, 2008

Florida Department of State
Department of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

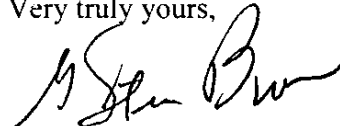
Re: Daily Claims, LLC (L06000118229)

To Whom It May Concern:

The enclosed letter dated March 24, 2008 was received by the above-described company indicating that the 2008 Limited Liability Company Annual Report had been filed without correctly marking Block 4 regarding the Federal Employer Identification Number (FEI). Please note that the company is a disregarded entity for federal income tax purposes, and therefore does not have a FEI. Therefore, the copy of the Annual Report returned to us has been marked not applicable, and is being resubmitted as specified in the above-described letter.

Thank you very much for your cooperation.

Very truly yours,



G. Steven Brown

GSG/aw
Enclosures