2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118229

Entity Name: DAILY CLAIMS, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

482 SADDELL BAY LOOP OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

482 SADDELL BAY LOOP OCOEE, FL 34761

FEI Number: 20-8155974 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:

HENDRY STONER CALANDRINO & BROWN, P.A.
20 N. ORANGE AVENUE,STE 600
ORLANDO, FL 32801 US
HENDRY, STONER & BROWN, P.A.
20 N. ORANGE AVENUE,STE 600
ORLANDO, FL 32801 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: HENDRY, STONER & BROWN, P.A. 04/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 LEVESQUE, ALAN M
 Name:

 Address:
 482 SADDELL BAY LOOP
 Address:

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 LEVESQUE, LÁURA J
 Name:

 Address:
 482 SADDELL BAY LOOP
 Address:

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:

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: ALAN M. LEVESQUE MGR 04/15/2009