

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029562

Entity Name: CLAIM SOLVERS LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4617 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

5481 WILES RD.  
SUITE 502  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4617 N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

5481 WILES RD.  
SUITE 502  
COCONUT CREEK, FL 33073

FEI Number: 20-8665962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL, BERGER H  
4617 N UNIVERSITY DR.  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

PAUL, BERGER H  
5481 WILES RD  
SUITE 502  
COCONUT CREEK, FL 33073 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: PAUL BERGER

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BERGER, PAUL  
Address: 12214 KENTON WAY  
City-St-Zip: BOCA RATON, FL 33428

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: PAUL BERGER

MGMR

04/30/2012

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