

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068066

FILED
Apr 17, 2009
Secretary of State

Entity Name: CLAIMS RELIEF RESOURCES, LLC

Current Principal Place of Business:

5331 CLOVER MIST DRIVE
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

5331 CLOVER MIST DRIVE
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 26-0447923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CHERYL
5331 CLOVER MIST DRIVE
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

BROWN-PASCHEN, CHERYL
5331 CLOVER MIST DRIVE
APOLLO BEACH, FL 33572 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: CHERYL BROWN-PASCHEN

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, CHERYL
Address: 5331 CLOVER MIST DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN-PASCHEN, CHERYL
Address: 5331 CLOVER MIST DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

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: CHERYL BROWN-PASCHEN

MGRM

04/17/2009

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