

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000091769

FILED
Oct 03, 2008
Secretary of State

Entity Name: XACT CLAIM WRITING SOLUTIONS, LLC

Current Principal Place of Business:

5440 KELLY DRIVE NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

5440 KELLY DRIVE NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAIORELLA, JOSEPH M
5440 KELLY DRIVE NORTH
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: JOSEPH MAIORELLA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAIORELLA, JOSEPH M
Address: 5440 KELLY DRIVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BYRNE, MELISSA S
Address: PO BOX 13312
City-St-Zip: TAMPA, FL 33681 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: MELISSA BYRNE

MGR

10/03/2008

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