

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113890

Entity Name: CLAIM RESOLUTIONS, LLC.

FILED  
May 28, 2009  
Secretary of State

**Current Principal Place of Business:**

318 PLEASANT GARDENS DR  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 PLEASANT GARDENS DR  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 26-1393123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

MORINGLANE, RAULSON  
318 PLEASANT GARDENS DR  
APOPKA, FL 32703 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORINGLANE, RAULSON  
Address: 318 PLEASANT GARDENS DR  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Delete  
Name: COLON, CLARIBEL  
Address: 318 PLEASANT GARDENS DR  
City-St-Zip: APOPKA, FL 32703 US

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: RAULSON MORINGLANE

MGR

05/28/2009

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