

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115695

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** GULF ATLANTIC CLAIMS SERVICE LLC

**Current Principal Place of Business:**

147 WHITE BIRCH DRIVE  
KISSIMMEE, FL 34743 US

**New Principal Place of Business:**

**Current Mailing Address:**

147 WHITE BIRCH DRIVE  
KISSIMMEE, FL 34743 US

**New Mailing Address:**

**FEI Number:** 27-3756438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLIN, PHILIP A  
125 S SWOOPE AVE  
STE 104  
MAITLAND, FL 32751 US

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: JOSIE SORENSEN OBO INCORP SERVICES INC.

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WHITE, MARY BETH  
Address: 1000 SMOKY CROSSING WAY  
City-St-Zip: SEYMOUR, TN 37865 US

Title: MGR  
Name: FOX, JASON M  
Address: 147 WHITE BIRCH DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

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: MARY BETH WHITE

MGR

01/18/2012

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