

LO8000011585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

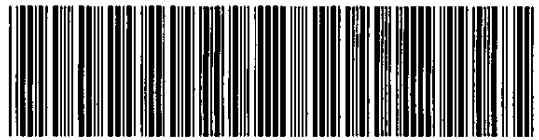
(Business Entity Name)

(Document Number)

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**Murphy, Erin L:**

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**From:** Tom Prezioso [tprezioso@gmail.com]  
**Sent:** Tuesday, July 28, 2009 11:34 AM  
**To:** CorpAddressChange  
**Subject:** Address Change for Advance Claim & Inspections Services, LLC

To whom it may concern,

I am requesting a change of address for Advanced Claim & Inspections Services, LLC Document Number L08000011585 for the following

- 1) Principal Address – 2723 Via Capri Unit 833, Clearwater, FL 33764
- 2) Mailing Address – 2723 Via Capri Unit 833, Clearwater, FL 33764
- 3) Manager/Member Detail  
Thomas A Prezioso  
2723 Via Capri Unit 833  
Clearwater, FL 33764

Donna Palmer  
1359 High Field Drive  
Clearwater, FL 33764

Best Regards,

Tom Prezioso, ACA  
Advanced Claim & Inspection Services, LLC  
President/CEO  
407-704-9846