

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000013113

FILED
Oct 29, 2009
Secretary of State

Entity Name: CLAIMS ASSIST FLORIDA, LLC

Current Principal Place of Business:

3103 MCFARLAND ROAD
TAMPA, FL 33618

New Principal Place of Business:

4157 ROLLING SPRINGS DR
TAMPA, FL 33624

Current Mailing Address:

3103 MCFARLAND ROAD
TAMPA, FL 33618

New Mailing Address:

PO BOX 340806
TAMPA, FL 33694

FEI Number: 45-0591345 **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:

WEIDER, NORMAN S ESQ.
100 SE 2ND STREET, STE. 3950
MIAMI, FL 33131 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: NORMAN S WEIDER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: LEAL, EDWIN
Address: PO BOX 340806
City-St-Zip: TAMPA, FL 33694

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: EDWIN LEAL

MR

10/29/2009

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