

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013113

Entity Name: CLAIMS ASSIST FLORIDA, LLC

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4157 ROLLING SPRINGS DR  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 340806  
TAMPA, FL 33694

**New Mailing Address:**

FEI Number: 45-0591345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

MARTIN, LOURDES M  
15007 ROUND UP DR  
TAMPA, FL 33624 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: LOURDES M MARTIN

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: LEAL, EDWIN  
Address: PO BOX 340806  
City-St-Zip: TAMPA, FL 33694

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: EDWIN LEAL

OWNE

04/07/2011

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