

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013113

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** CLAIMS ASSIST FLORIDA, LLC

**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 (X)**

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

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

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

MR

03/07/2012

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