

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000071565

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE CLAIMS CONSULTANTS AND LOSS RECOVERY LLC

**Current Principal Place of Business:**

490 OPA LOCKA BLVD  
11  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

490 OPA LOCKA BLVD  
11  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 26-3045808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMATHIBELA, CHRISTINE  
490 OPA LOCKA BLVD  
11  
OPA LOCKA, FL 33054 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:** CHRISTINE RAMATHIBELA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RAMATHIBELA, CHRISTINE  
**Address:** 490 OPA LOCKA BLVD, SUITE 11  
**City-St-Zip:** OPA LOCKA, FL 33054 US

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:** CHRISTINE RAMATHIBELA

MGR

11/09/2010

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