

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Aug 12, 2011
Secretary of State

Entity Name: INSURANCE CLAIMS CONSULTANTS AND LOSS RECOVERY LLC

Current Principal Place of Business:

780 FISHERMAN STREET
310
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

780 FISHERMAN STREET
310
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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RAMATHIBELA, CHRISTINE
Address: 780 FISHERMAN STREET, SUITE 310
City-St-Zip: OPA LOCKA, FL 33054 US

Title: SEC
Name: RAMATHIBELA, TIRO L
Address: 780 FISHERMAN STREET, SUITE 310
City-St-Zip: OPA LOCKA, FL 33054

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

08/12/2011

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