2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L08000077978

Entity Name: XACT CLAIMS ADJUSTING, LLC

Current Principal Place of Business:

3229 RAILWAY AVE
LAKELAND, FL 33805

New Principal Place of Business:

165 BOLENDER RD
AUBURNDALE, FL 33823

Current Mailing Address:

3229 RAILWAY AVE
LAKELAND, FL 33805

New Mailing Address:

165 BOLENDER RD
AUBURNDALE, FL 33823

FEI Number: 45-0544467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, KYLA T
3229 RAILWAY AVE
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

GALLOWAY, KYLA T
165 BOLENDER RD
AUBURNDALE, FL 33823 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: 04/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GALLOWAY, KYLA T
Address: 3229 RAILWAY AVE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GALLOWAY, KYLA T
Address: 165 BOLENDER RD.
City-St-Zip: AUBURNDALE, FL 33823

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: KYLA T. GALLOWAY MGR 04/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date