

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083053

FILED
Mar 03, 2009
Secretary of State

Entity Name: NOMAD CLAIMS OF FLORIDA, LLC

Current Principal Place of Business:

419 PRIMROSE LANE, SUITE B
LEAGUE CITY, TX 77573

New Principal Place of Business:

Current Mailing Address:

419 PRIMROSE LANE, SUITE B
LEAGUE CITY, TX 77573

New Mailing Address:

FEI Number: 16-1764122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DECICCO, BRIAN
11615 SUMMER HAVEN BLVD. N.
JACKSONVILLE, FL 32258 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 () Delete
Name: HARRIS, KRISTOF
Address: 209 TURTLEWOOD DRIVE
City-St-Zip: LEAGUE CITY, TX 77573

Title: MGR () Delete
Name: MILLER, RONNIE
Address: 221 BOBWHITE DRIVE
City-St-Zip: KERRVILLE, TX 78028

Title: MGR () Delete
Name: MOLONY, TIMOTHY
Address: 419 PRIMROSE LANE
City-St-Zip: LEAGUE CITY, TX 77573

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM MOLONY

MGRM

03/03/2009

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