

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087234

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** ACCURATE CLAIMS SERVICES, LLC

**Current Principal Place of Business:**

2600 DOUGLAS RD SUITE 405  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2600 DOUGLAS RD  
SUITE 1105  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 DOUGLAS RD SUITE 405  
CORAL GABLES, FL 33134

**New Mailing Address:**

2600 DOUGLAS RD.  
SUITE 1105  
CORAL GABLES, FL 33134

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

VEGA, MANUEL JR, ESQ  
2600 DOUGLAS RD SUITE 405  
CORAL GABLES, FL 33134 US

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

VEGA, MANUEL JR, ESQ  
2600 DOUGLAS RD.  
SUITE 1105  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VEGA, MANUEL JR  
Address: 2600 DOUGLAS RD SUITE 1105  
City-St-Zip: CORAL GABLES, FL 33134

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: MANUEL VEGA, JR., ESQ.

MGRM

04/06/2011

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