2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117462

FILED Apr 28, 2009 Secretary of State

Entity Name: CLAIM SPECIALIST CONSULTING LIMITED LIABILITY COMPANY

Current Pi	incipal Place	of Business:	New Principal Place of Business:		
3400 COR	AL WAY				
602 MIAMI, FL	33145				
Current Mailing Address:			New Mailing Address:		
3400 COR/ 602	AL WAY				
MIAMI, FL	33145				
FEI Number:	90-0433640	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
PICHEL, FI 3400 COR					
602 MIAMI, FL	33145 US				
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
Electronic Signature of Registered Agent			nt	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () PICHEL, FRANI 3400 CORAL W MIAMI, FL 331	/AY, SUITE 602	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () PICHEL, FRANI 3400 CORAL W MIAMI, FL 331	/AY, SUITE 602	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRANK PICHEL MGRM 04/28/2009