

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003347

Entity Name: CLAIMS COUNSEL, LLC

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16786 SW 51ST STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

12305 YARNELL ROAD  
KNOXVILLE, TN 37932

**Current Mailing Address:**

16786 SW 51ST STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

12305 YARNELL ROAD  
KNOXVILLE, TN 37932

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FONT, ETIENNE M  
16786 SW 51ST STREET  
MIRAMAR, FL 33027 US

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

FONT, MANUEL A  
2251 W. PRESERVE WAY  
APT. 303  
MIRAMAR, FL 33025 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: MANUEL A. FONT

01/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FONT, ETIENNE M  
Address: 16786 SW 51ST STREET  
City-St-Zip: MIRAMAR, FL 33027

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: ETIENNE M. FONT

MGRM

01/14/2010

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