

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011731

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

15051 ROYAL OAKS LANE  
2203  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

15051 ROYAL OAKS LANE  
2203  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 26-4188598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** MGRM  
**Name:** BENSUSAN, JUDAH L  
**Address:** 15051 ROYAL OAKS LANE # 2203  
**City-St-Zip:** NORTH MIAMI, FL 33181

**Title:** MGRM  
**Name:** LAROCCO, STEFFANIE A  
**Address:** 15051 ROYAL OAKS LANE # 2203  
**City-St-Zip:** NORTH MIAMI, FL 33181

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:** JUDAH L. BENSUSAN

MGRM

03/26/2010

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