

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034143

FILED
Feb 09, 2011
Secretary of State

Entity Name: INSURANCE CLAIM RECOVERY ADVOCATES, LLC

Current Principal Place of Business:

4071 COONTIE CT.
LAKE WORTH, FL 33462

New Principal Place of Business:

Current Mailing Address:

4071 COONTIE CT.
LAKE WORTH, FL 33462

New Mailing Address:

FEI Number: 26-4623166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVINGER, JESSICA L
4071 COONTIE CT.
LAKE WORTH, FL 33462 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
Name: CLEVINGER, JESSICA L
Address: 4071 COONTIE CT.
City-St-Zip: LAKE WORTH, FL 33462

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: JESSICA CLEVINGER

MGR

02/09/2011

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