

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000040712

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** DOLPHIN CLAIM RESOLUTION LLC.

**Current Principal Place of Business:**

4000 NE 169TH STREET  
#402  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

4000 NE 169TH STREET  
#402  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 26-4756399      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NOBREGAS, SONIA  
4000 NE 169TH STREET  
402  
NORTH MIAMI BEACH, FL 33160 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: NOBREGAS, SONIA  
Address: 4000 NE 169TH STREET #402  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: SONIA NOBREGAS      MGR      04/05/2010

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