# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2010**
**Secretary of State**

DOCUMENT# L09000063154

**Entity Name:** INSURANCE CLAIMS CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

1649 US HWY 27
SUITE B
CLERMONT, FL, 34714

**New Principal Place of Business:**

1649 US HWY 27
SUITE B
CLERMONT, FL 34714 US

**Current Mailing Address:**

1649 US HWY 27
SUITE B
CLERMONT, FL, 34714

**New Mailing Address:**

1649 US HWY 27
SUITE B
CLERMONT, FL 34714 US

**FEI Number: 36-4657176** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

DELANEY, KEVIN
1649 US HWY 27
SUITE B
CLERMONT, FL 34714 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: DELANEY, KEVIN PA
Address: 1649 US HWY 27 SUITE B
City-St-Zip: CLERMONT, FL 34714

Title: MGRM
Name: JUNCOS, ADRIANA PA
Address: 1649 US HWY 27 SUITE B
City-St-Zip: CLERMONT, FL 34714

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 Statues.

SIGNATURE: KEVIN DELANEY PA 05/03/2010

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