

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063154

FILED
Feb 16, 2011
Secretary of State

Entity Name: INSURANCE CLAIMS CENTRAL FLORIDA LLC

Current Principal Place of Business:

1649 US HWY 27
SUITE B
CLERMONT, FL 34714 US

New Principal Place of Business:

690 CELEBRATION AVE
240
CELEBRATION, FL 34747 US

Current Mailing Address:

1649 US HWY 27
SUITE B
CLERMONT, FL 34714 US

New Mailing Address:

690 CELEBRATION AVE
240
CELEBRATION, FL 34747 US

FEI Number: 36-4657176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

DELANEY, KEVIN
690 CELEBRATION AVE
240
CELEBRATION, FL 34747 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: KEVIN DELANEY

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DELANEY, KEVIN PA
Address: 690 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

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: KEVIN DELANEY

PA

02/16/2011

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