

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070615

Entity Name: AFCAP CLAIMS, LLC

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

614 W. KALMIA DRIVE  
LAKE PARK, FL 334032110 US

**New Principal Place of Business:**

**Current Mailing Address:**

614 W. KALMIA DRIVE  
LAKE PARK, FL 334032110 US

**New Mailing Address:**

PO BOX 530277  
LAKE PARK, FL 334038904 US

FEI Number: 27-0600012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WESER, SUSAN M  
614 W. KALMIA DRIVE  
LAKE PARK, FL 334032110 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: WESER, SUSAN M  
Address: 614 W. KALMIA DRIVE  
City-St-Zip: LAKE PARK, FL 334032110 US

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: SUSAN M. WESER

MGRM

04/04/2011

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