

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094688

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** UNITED CLAIMS SPECIALISTS, LLC

**Current Principal Place of Business:**

1835 E. HALLANDALE BEACH BLVD.  
SUITE 675  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

500 NW 165TH STREET RD  
SUITE 108  
MIAMI, FL 33169

**Current Mailing Address:**

1835 E. HALLANDALE BEACH BLVD.  
SUITE 675  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

500 NW 165TH STREET RD  
SUITE 108  
MIAMI, FL 33169

**FEI Number:** 27-1031401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SUISKIND, JOSEPH  
1835 E. HALLANDALE BEACH BLVD.  
SUITE #675  
HALLANDALE BEACH, FL 33009 US

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

SUISKIND, JOSEPH  
500 NW 165TH STREET RD  
SUITE #108  
MIAMI, FL 33169 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: JOSEPH SUISKIND

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SUISKIND, JOSEPH  
Address: 500 NW 165TH STREET RD SUITE 108  
City-St-Zip: MIAMI, FL 33169 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: JOSEPH SUISKIND

MGR

01/17/2011

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