2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# L09000099127

Entity Name: WILSON INDEPENDENT CLAIMS LLC

Current Principal Place of Business:

4971 GRAND LAKES DR N
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

4971 GRAND LAKES DR N
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 27-1075219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LAURAN S
4971 GRAND LAKES DR N
JACKSONVILLE, FL 32258 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: WILSON, LAURAN S
Address: 4971 GRAND LAKES DR N
City-St-Zip: JACKSONVILLE, FL 32258

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: LAURAN S. WILSON MGRM 04/30/2010

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