

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000006385

**FILED**  
**Oct 16, 2011**  
**Secretary of State**

**Entity Name:** NOCERA CLAIM SERVICES, LLC

**Current Principal Place of Business:**

3222 NW 107 DR  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3222 NW 107 DR  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 80-0535049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** BUSINESS FILINGS INCORPORATED

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NOCERA, PAULO  
**Address:** 3222 NW 107 DR  
**City-St-Zip:** SUNRISE, FL 33351

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:** PAULO NOCERA

MGRM

10/16/2011

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