

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016691

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ELLIS CLAIM SERVICE, LLC

**Current Principal Place of Business:**

708 E. ALABAMA STREET  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 401  
LUTZ, FL 33548 US

**New Mailing Address:**

708 E. ALABAMA STREET  
PLANT CITY, FL 33566 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIS, ERVIN L SR  
708 E. ALABAMA STREET  
PLANT CITY, FL 33566 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: MGR  
Name: ELLIS, ERVIN L SR  
Address: 1320 E ALABAMA ST  
City-St-Zip: PLANT CITY, FL 33566 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: ERVIN ELLIS

MGR

05/01/2011

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