## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L10000022607

Entity Name: SANTELIZES GROUP CLAIM CONSULTANT, LLC

**FILED** Apr 26, 2011 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

6001 N.W. 153RD ST., #205 6001 N.W. 153RD ST MIAMI LAKES, FL 33014

STE#205

MIAMI LAKES, FL 33014 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 160820 P.O. BOX 160820 SUITE# 205 HIALEAH, FL 33016

HIALEAH, FL 33016 US

FEI Number: 27-0465982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SANTELIZ, EVELIN J BARRERA, REINALDO A 6001 NW 153RD STREET, #205 6001 NW 153RD STREET, #205 STE#205 MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014 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: REINALDO A BARRERA 04/26/2011

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGR

BARRERA, REINALDO A Name:

Address: 261 W 47 ST City-St-Zip: HIALEAH, FL 33012 US

Title: MGR

Name: BARRERA, REINALDO A

Address: 261 W 47 ST

City-St-Zip: HIALEAH, FL 33012 US

Title: MGR

BARRERA, REINALDO A Name:

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BARRERA, REINALDO A Name:

261 W 47 ST Address:

City-St-Zip: HIALEAH, FL 33012 US

Title:

BARRERA, REINALDO A Name:

Address: 261 W 47 ST

HIALEAH, FL 33012 US City-St-Zip:

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: REINALDO A BARRERA **MGR** 04/26/2011

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