

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000041534

**Entity Name:** SEM CLAIMS, LLC

**FILED**  
**Apr 13, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

3674 HOLLYWOOD PLACE  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

3674 HOLLYWOOD PLACE  
OVIEDO, FL 32766

**New Mailing Address:**

**FEI Number:** 14-1916816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTINUCCI, MICHELLE  
3674 HOLLYWOOD PLACE  
OVIEDO, FL 32766 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: MICHELLE ANTINUCCI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANTINUCCI, MICHELLE  
Address: 3674 HOLLYWOOD PLACE  
City-St-Zip: OVIEDO, FL 32766

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: MICHELLE ANTINUCCI

MGMM

04/13/2013

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