2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# L10000093101

Entity Name: KERLIN CLAIM SERVICE, LLC

Current Principal Place of Business:

1718 HAMMOCK CIRCLE WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1718 HAMMOCK CIRCLE WEST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERLIN, HEATHER F
1718 HAMMOCK CIRCLE WEST
JACKSONVILLE, FL 32225 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: KERLIN, HEATHER F
Address: 1718 HAMMOCK CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM
Name: KERLIN, THOMAS R
Address: 1718 HAMMOCK CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

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: HEATHER F KERLIN MGR 04/10/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date