

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069401

Entity Name: EXPRESS CLAIMS, LLC

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14502 INDIGO LAKES CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

14502 INDIGO LAKES CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 45-2530089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PITKIN, JERALD R ESQ  
900 SIXTH AVE. SOUTH  
SUITE 101  
NAPLES, FL 34102 US

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

PITKIN, JERALD R ESQ  
900 SIXTH AVE. SOUTH  
SUITE 101  
NAPLES, FL 34102 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:

01/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SILVA, CAROLINE J  
Address: 14502 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119

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: CAROLINE J. SILVA

MGRM

01/27/2012

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