FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90049 034 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005574

1. Entity Name
INSURANCE CLAIMS SPECIALIST LLC

Principal Address of Business	Mailing Address
~~29974 BURTON RD~~	~~PO BOX 757~~
~~MECHANICSVILLE, MD 20659~~	~~WALDORF, MD 20604~~
11495 Rocket Blvd.	11495 Rocket Blvd.
Orlando, FL 32824	Orlando, FL 32824

20051117

04212005 No Chg LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2413102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RADCLIFF, JOSEPH
STREET ADDRESS	~~29974 BURTON RD~~ 11495 Rocket Blvd
CITY-ST-ZIP	~~MECHANICSVILLE, MD 20659~~ Orlando, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 605, Florida Statutes.

SIGNATURE: Joseph Radcliff 407-855-6996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #