

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005574

FILED
Feb 14, 2006
Secretary of State

Entity Name: INSURANCE CLAIMS SPECIALIST LLC

Current Principal Place of Business:

14439 LAKE UNDERHILL RD.
ORLANDO, FL 32828

New Principal Place of Business:

7485 CONROY-WINDERMERE ROAD
SUITE D
ORLANDO, FL 32835

Current Mailing Address:

14439 LAKE UNDERHILL RD.
ORLANDO, FL 32828

New Mailing Address:

7485 CONROY-WINDERMERE ROAD
SUITE D
ORLANDO, FL 32835

FEI Number: 52-2413102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RADCLIFF, JOSEPH M MGRM
7485 CONROY-WINDERMERE RD
SUITE D
ORLANDO, FL 32835 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: JOSEPH RADCLIFF

02/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RADCLIFF, JOSEPH
Address: 11495 ROCKET BLVD
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RADCLIFF, JOSEPH
Address: 7485 CONROY-WINDERMERE ROAD
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH RADCLIFF

MGRM

02/14/2006

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