

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:42

9-15-06
150.00

DOCUMENT # M05000006089

1. Entity Name
INTEGRATED CLAIMS SOLUTIONS, LLC



Principal Place of Business
6963 HILLSDALE COURT
INDIANAPOLIS, IN 46250

Mailing Address
6963 HILLSDALE COURT
INDIANAPOLIS, IN 46250



2. Principal Place of Business
802 MULBERRY ST.

3. Mailing Address
802 MULBERRY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A-2

SUITE A-2

City & State

City & State

NOBLESVILLE, IN

NOBLESVILLE, IN

Zip

Country

Zip

Country

46060-3407

HAMILTON

46060-3407

HAMILTON

08302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4606798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, LARRY
6847 80TH TERRACE NORTH
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
PAUL REID

Street Address (P.O. Box Number is Not Acceptable)

2309 OVERLOOK DR.

City
MT. DORA

FL

Zip Code
32757

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSS, L. DAVID
6963 HILLSDALE COURT
INDIANAPOLIS, IN 46250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARK LOZIER
19009 WIMBLEY WAY
NOBLESVILLE, IN 46060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500080466615
10/04/06--01045--009 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
700081389797
10/31/06--01053--024 **\$100.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

mark lozier President-CEO 925-263(317)565-5300