

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90068 018 ***143.75



DOCUMENT # M06000004909
 1. Entity Name
 REGAL CLAIM SERVICES, LLC

Principal Place of Business Mailing Address
 1506 SAWGRASS CORP PARKWAY 1506 SAWGRASS CORP PARKWAY
 4TH FLOOR 4TH FLOOR
 SUNRISE, FL 33323 SUNRISE, FL 33323

00000077



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1201 Brickell Ave 2300 Lakeview Pkwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 8th Floor Ste 275

02152008 Chg-LLC CR2E083 (12/06)

City & State City & State
 Miami FL Alpharetta GA

4. FEI Number Applied For
 76-0707679 Not Applicable

Zip Country Zip Country
 33131 USA 30004 USA

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

6. Name and Address of Current Registered Agent
 FLEMING, JOHN J
 1506 SAWGRASS CORP PARKWAY
 4TH FLOOR
 SUNRISE, FL 33323

7. Name and Address of New Registered Agent
 Name: John J. Fleming
 Street Address (P.O. Box Number is Not Acceptable): 1201 Brickell Ave
 8th Floor
 City: Miami FL Zip Code: 33131

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: John J. Fleming III, Manager DATE: 02/15/2008
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FLEMING, JOHN J III	
STREET ADDRESS	2300 LAKEVIEW PKWY, STE 275	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LYONS, LINDA	
STREET ADDRESS	10 INDUSTRIAL BLVD., A COMPLEX, STE 12	
CITY-ST-ZIP	LESTER, PA 19113	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FLEMING, LORRIE	
STREET ADDRESS	2300 LAKEVIEW PARKWAY, STE 275	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: John J. Fleming III Date: 02/15/08 Daytime Phone #: 678-728-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE