

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004909

FILED
Apr 26, 2012
Secretary of State

Entity Name: REGAL CLAIM SERVICES, LLC

Current Principal Place of Business:

2400 LAKEVIEW PKWY STE 475
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

2400 LAKEVIEW PKWY STE 475
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 76-0707679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, JOHN J
7785 66TH ST
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FLEMING, JOHN J III
Address: 7785 66TH ST
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM
Name: HILL, ROBERT B
Address: 747 DRESHER ROAD - SUITE 100
City-St-Zip: HORSHAM, PA 19044

Title: MGRM
Name: FLEMING, BRIAN
Address: 2400 LAKEVIEW PARKWAY, STE 475
City-St-Zip: ALPHARETTA, GA 30009

Title: MGRM
Name: HALL, GREG
Address: 3500 PARKWAY LANE - SUITE 280
City-St-Zip: NORCROSS, GA 30092

Title: MGRM
Name: HILL, BOBBI
Address: 747 DRESHER ROAD - SUITE 100
City-St-Zip: HORSHAM, PA 19044

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: ROBERT HILL

MGRM

04/26/2012

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