

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001350

FILED
Mar 15, 2011
Secretary of State

Entity Name: LEGACY CLAIM SERVICES LLC

Current Principal Place of Business:

502 NORTH TENNESSEE
MCKINNEY, TX 75069

New Principal Place of Business:

Current Mailing Address:

502 NORTH TENNESSEE
MCKINNEY, TX 75069

New Mailing Address:

FEI Number: 26-0362995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALYE, CRAIG L
10069 COLONIAL COUNTRY CLUB BLVD.
FORT MYERS, FL 33913 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: ELLIS, BRENT
Address: 502 NORTH TENNESSEE
City-St-Zip: MCKINNEY, TX 75069

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: BRENT D. ELLIS

MGRM

03/15/2011

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