

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003386

Entity Name: FOURSEVENTY CLAIMS, LLC

FILED
Feb 17, 2012
Secretary of State

Current Principal Place of Business:

1020 CASCADE TRAIL
MCGREGOR, TX 76657

New Principal Place of Business:

7901 WOODWAY DR.
SUITE 400
WOODWAY, TX 76712

Current Mailing Address:

1020 CASCADE TRAIL
MCGREGOR, TX 76657

New Mailing Address:

PO BOX 20247
WACO, TX 76702

FEI Number: 45-2408960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FATHEREE, MATT D
401 E. LAS OLAS BLVD - SUITE 130-205
FT. LAUDERDALE, FL 33301 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: MGR
Name: FATHEREE, MATT D
Address: PO BOX 20247
City-St-Zip: WACO, TX 76720

Title: MGR
Name: DAVIS, KYLE
Address: PO BOX 20247
City-St-Zip: WACO, TX 76720

Title: MGR
Name: BELLER, ROBERT
Address: PO BOX 20247
City-St-Zip: WACO, TX 76720

Title: MGR
Name: RANKIN, JONATHAN
Address: PO BOX 20247
City-St-Zip: WACO, TX 76720

Title: MGR
Name: HILL, BROOKS
Address: PO BOX 20247
City-St-Zip: WACO, TX 76720

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: MATT D. FATHEREE

MR

02/17/2012

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