

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020065

FILED
May 01, 2009
Secretary of State

Entity Name: FLORIDA CLAIMS CONSULTANTS, LLC

Current Principal Place of Business:

6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

6365 TAFT STREET
3002
HOLLYWOOD, FL 33024 US

Current Mailing Address:

6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

New Mailing Address:

6365 TAFT STREET
3002
HOLLYWOOD, FL 33024 US

FEI Number: 20-0929007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTONELLI, FREDERICK
6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

ANTONELLI, FREDERICK
6365 TAFT STREET
3002
HOLLYWOOD, FL 33024 US

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: FREDERICK ANTONELLI

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AAA PUBLIC ADJUSTING GROUP INC
Address: 6365 TAFT STREET SUITE 1003
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AAA PUBLIC ADJUSTING GROUP INC
Address: 6365 TAFT STREET SUITE 3002
City-St-Zip: HOLLYWOOD, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FREDERICK ANTONELLI

OFC

05/01/2009

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