

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065370

Entity Name: FLORIDA CLAIMS MEDIATION SERVICES, LLC

Current Principal Place of Business:

80 CALUMET AVE
PONCE INLET, FL 32127

Current Mailing Address:

201 COX CREEK PKWY S
FLORENCE, AL 35630 US

FEI Number: 20-5124170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODSON, CLIFF
22510B FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	GOODSON, CLIFF	Name	GOODSON, CHARLOTTE
Address	80 CALUMET AVE	Address	80 CALUMET AVE
City-State-Zip:	PONCE INLET FL 32127	City-State-Zip:	PONCE INLET FL 32127

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLOTTE GOODSON

VICE PRESIDENT

06/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date