

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087529

**Entity Name:** VETERANS CLAIMS CONSULTING, LLC

**Current Principal Place of Business:**

300 EAST OCEAN AVE  
SUITE B  
LANTANA, FL 33462

**Current Mailing Address:**

300 EAST OCEAN AVE  
SUITE B  
LANTANA, FL 33462 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORDERO, CLEMENTINE  
300 EAST OCEAN AVE  
SUITE B  
LANTANA, FL 33462 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  
Name CORDERO, CLEMENTINE K  
Address 300 EAST OCEAN AVE  
City-State-Zip: LANTANA FL 33462

Title MGR  
Name COLLINS, LISA  
Address 14286-19 BEACH BLVD 194  
City-State-Zip: JACKSONVILLE FL 32250

*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:** CLEMENTINE CORDERO

MANAGEE

03/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date