

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133024

FILED
Apr 01, 2012
Secretary of State

Entity Name: CAR ACCIDENT RECOVERY, LLC

Current Principal Place of Business:

4237 VIA VALENCIA CIRCLE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4237 VIA VALENCIA CIRCLE
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 45-3908894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DEBRA ESQ
2304 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217 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: MS
Name: LETICIA, SLADE
Address: 4237 VIA VALENCIA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

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: LETICIA R SLADE

MGR

04/01/2012

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