

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028415

**Entity Name:** PERSONALINJURY.COM, LLC

**Current Principal Place of Business:**

801 N. ORANGE AVENUE  
SUITE 830  
ORLANDO, FL 32801

**Current Mailing Address:**

801 N. ORANGE AVENUE  
SUITE 830  
ORLANDO, FL 32801

**FEI Number:** 33-1028221

**Certificate of Status Desired:** No

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

REINHARDT, ERIC C  
13340 W. COLONIAL DRIVE  
SUITE 220  
WINTER GARDEN, FL 34787 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 GILBERT, RONALD S  
Address 801 N. ORANGE AVE., #830  
City-State-Zip: ORLANDO FL 32801

Title MGRM  
Name WRIGHT, MELVIN B  
Address 801 N. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title MGRM  
Name CARTER, NATHAN P  
Address 801 N. ORANGE AVE., #830  
City-State-Zip: ORLANDO FL 32801

Title AUTHORIZED MEMBER  
Name GOLDSTEIN, DANIEL  
Address 801 N. ORANGE AVENUE  
SUITE 830  
City-State-Zip: ORLANDO FL 32801

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD S. GILBERT

**MGRM**

**02/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date