

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133024

Entity Name: CAR ACCIDENT RECOVERY, LLC

Current Principal Place of Business:

3832-10 BAYMEADOWS ROAD
SUITE 123
JACKSONVILLE, FL 32217

Current Mailing Address:

3832-10 BAYMEADOWS ROAD
SUITE 123
JACKSONVILLE, FL 32217 US

FEI Number: 45-3908894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, DEBRA ESQ
2304 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217 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 MS
Name LETICIA, SLADE R
Address 3832-10 BAYMEADOWS ROAD
SUITE 123
City-State-Zip: JACKSONVILLE FL 32217

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: LETICIA R SLADE

MANAGER

02/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date