

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000044191

**Entity Name:** ACTION LOSS CONSULTING LLC

**Current Principal Place of Business:**

4913 SW 32 WAY  
HOLLYWOOD, FL 33312

**Current Mailing Address:**

4913 SW 32 WAY  
HOLLYWOOD, FL 33312

**FEI Number:** 45-5150562

**Certificate of Status Desired:** Yes

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

ANIDJAR, BARUCH Y  
4913 SW 32 WAY  
HOLLYWOOD, FL 33312 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 MGR  
Name ANIDJAR, BARUCH Y  
Address 4913 SW 32 WAY  
City-State-Zip: HOLLYWOOD FL 33312

*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:** BARUCH Y ANIDJAR

MGR

01/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date