

FILED  
Jul 08, 2002 8:00 am  
Secretary of State

07-08-2002 90237 039 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 01000008198

1. Entity Name

Caraccidents.com LLC

**DO NOT WRITE IN THIS SPACE**

969810

2. Principal Place of Business

4861 N. Dixie Highway

Suite, Apt. #, etc.

205

City & State

Fort Lauderdale, FL

Zip

33334

Country

USA

3. Mailing Address

4861 N. Dixie Highway

Suite, Apt. #, etc.

205

City & State

Fort Lauderdale, FL

Zip

33334

Country

USA

4. FEI Number

65-1106077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Anthony J. McDermott

Street Address (P.O. Box Number is Not Acceptable)

4861 N. Dixie Highway

Suite 204

City

Fort Lauderdale

FL

Zip Code

33334

8. 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

Signature typed or printed name of registered agent and title if applicable.

7/2/02 (954) 938-8048

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anthony J. McDermott 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP April Wiener 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - General Council James I. Kuhn, Esq. 4861 N. Dixie Highway, 205 Fort Lauderdale, FL 33334
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

7/2/02 (954) 938-8048

CR2E083B (12/01)



**ERIC FILKINS, CPA**  
**CERTIFIED PUBLIC ACCOUNTANT**

Attachment

969810

June 27, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Caraccidents.com LLC  
Notice Dated June 3, 2002  
Ref. No. L01000008198

Dear Sir or Madam:

Your letter dated June 3, 2002 described that the Uniform Business Report and check for Caraccidents.com LLC were being returned because the wrong form was prepared, and required that the Uniform Business Report be prepared on the correct form, and mailed with a check for \$ 50.00 and a copy of the letter.

Please find enclosed the Limited Liability Company Uniform Business Report, a check for the \$ 50.00 annual fee, and a copy of your letter dated June 3, 2002.

Please accept the Uniform Business Report as timely filed.

Sincerely,

*EF CPA*

Eric Filkins, CPA