

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045671

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** THE FLORIDA PERSONAL INJURY LAW CENTER, LLC

**Current Principal Place of Business:**

200 SOUTHEAST 18TH COURT  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

600 SOUTH ANDREWS AVENUE  
301  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 SOUTHEAST 18TH COURT  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

600 SOUTH ANDREWS AVENUE  
301  
FT LAUDERDALE, FL 33301

**FEI Number:** 20-1257036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALAN, RANIES ESQ.  
21208 HARBOR  
UNIT 138  
AVENTURA, FL 33180 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: MGR ( ) Delete  
Name: ALON, BARZAKAY  
Address: 4967 SW 33RD TERRACE  
City-St-Zip: HOLLYWOOD, FL 33312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALON BARZAKAY

VP

04/22/2009

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