

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045671

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

600 SOUTH ANDREWS AVENUE  
301  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

600 SOUTH ANDREWS AVENUE  
301  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

**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  
Name: ALON, BARZAKAY  
Address: 4967 SW 33RD TERRACE  
City-St-Zip: HOLLYWOOD, FL 33312

I hereby 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

04/15/2010

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