2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000022100

NAME

STREET ADDRESS



FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90375 009 ****50.00 **AUTOMOTIVE LITIGATION CONSULTANTS, LLC** Principal Place of Business Mailing Address ZPZGEUUV 6062 FOSTER ST 6062 FOSTER ST JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 6062 FOSTER ST JUPITER, FL 33458 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE ☐ Delete TITLE ☐ Channe RICHARDSON, ROBERT H NAME NAME STREET ADDRESS 6062 FOSTER ST STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

NAME

STREET ADDRESS CITY-ST-ZIP

C MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE Date Davisine Phone #