

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017371

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** AIM ASSOCIATION OF INDEPENDENT MEDIATORS LLC

**Current Principal Place of Business:**

807 NE 35TH STREET  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1630  
BOCA RATON, FL 33429

**New Mailing Address:**

**FEI Number:** 26-2241191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBSON, MELANIE  
807 NE 35TH STREET  
BOCA RATON, FL 33431 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:** MGRM  
**Name:** MCJ MEDIATION & CONSULTING SERVICES, INC  
**Address:** PO BOX 1630  
**City-St-Zip:** BOCA RATON, FL 33429 US

**Title:** MGR  
**Name:** THOMAS J. STANFORD P.A.  
**Address:** 506 PRIVATEER ROAD  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** MGR  
**Name:** CEL MEDIATION, INC.  
**Address:** PO BOX 8045  
**City-St-Zip:** JUPITER, FL 33468 US

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:** MCJ MEDIATION

MGR

01/05/2010

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