

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097209

**FILED  
Jan 28, 2011  
Secretary of State**

**Entity Name:** AUTO ACCIDENT INFORMATION CENTER, LLC

**Current Principal Place of Business:**

24830 S. TAMIAMI TRAIL  
SUITE #1100  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24830 S. TAMIAMI TRAIL  
SUITE #1100  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JONES, CHARLES C II ESQ  
1633 SE 47TH TERRACE  
CAPE CORAL, FL                      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: MERLO, DOUGLAS DR  
Address: 24830 S. TAMIAMI TRAIL, STE. 1100  
City-St-Zip: BONITA SPRINGS, FL 34134

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: DR. DOUGLAS A MERLO                      PRES                      01/28/2011

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