2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# L10000059600

Entity Name: ACCIDENT RECOVERY SERVICES, LLC

Current Principal Place of Business:

4749 NW 103 AVENUE
13
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4749 NW 103 AVENUE
13
SUNRISE, FL 33351 US

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:

FALLICK, HOWARD L
4749 NW 103 AVE
13
SUNRISE, FL 33351 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: POLIZZI, JOSEPH A
Address: 6503 NORTH MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM
Name: FALLICK, HOWARD L
Address: 4749 NW 103 AVENUE
City-St-Zip: SUNRISE, FL 33351 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 Statues.

SIGNATURE: HOWARD L FALLICK MGRM 03/23/2011

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