

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084582

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** AUTO LOSS CLAIMS CONSULTANTS (ALCC), LLC

**Current Principal Place of Business:**

15170 SW 33RD STREET  
DAVIE, FL 33331

**New Principal Place of Business:**

12555 ORANGE DRIVE  
203  
DAVIE, FL 33330

**Current Mailing Address:**

15170 SW 33RD STREET  
DAVIE, FL 33331

**New Mailing Address:**

12555 ORANGE DRIVE  
203  
DAVIE, FL 33330

**FEI Number:** 27-3583377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOD, LAURRIE  
15170 SW 33RD STREET  
DAVIE, FL 33331 US

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

POOD, LAURRIE  
12555 ORANGE DRIVE  
203  
DAVIE, FL 33330 US

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:

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GLINCHER, DAVID M  
Address: 1607 PASSION VINE CIRCLE  
City-St-Zip: WESTON, FL 33326

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: DAVID MICHAEL GLINCHER

MMBR

03/10/2011

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