

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084582

FILED
Feb 16, 2012
Secretary of State

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

Current Principal Place of Business:

12555 ORANGE DRIVE
203
DAVIE, FL 33330

New Principal Place of Business:

1607 PASSION VINE CIRCLE
WESTON, FL 33326

Current Mailing Address:

12555 ORANGE DRIVE
203
DAVIE, FL 33330

New Mailing Address:

1607 PASSION VINE CIRCLE
WESTON, FL 33326

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
12555 ORANGE DRIVE
203
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

GLINCHER, ORFA K
1607 PASSION VINE CIRCLE
WESTON, FL 33326 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: ORFA KIM GLINCHER

02/16/2012

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

MR.

02/16/2012

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