

L10000084582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 9 2012

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUTO LOSS CLAIMS CONSULTANTS (ALCC), LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID M. GLINCHER  
Name of Person

AUTO LOSS CLAIMS CONSULTANTS, LLC.  
Firm/Company

1792 Bell Tower Lane  
Address

Weston, FL 33326  
City/State and Zip Code

DAVID@AUTOLOSSCLAIMS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID M. GLINCHER at ( 954 ) 315-3628  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Auto Loss Claims Consultants, LLC. (ALLC)

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

1607 Passion Vine Circle  
Weston, FL 33326

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

1607 PASSION VINE Circle  
Weston, FL 33326

Feb 16, 2012  
3. Date of filing/registration in Florida

L10000084582  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Orfa K. GLINCHER

Registered Office Address:

1607 PASSION VINE Circle  
Weston, FL 33326

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent:

David M. Glincher

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1792 Bell Tower Lane  
Weston, FL 33326

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David M. Glincher  
Signature of a member or authorized representative of a member

DAVID M. GLINCHER  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David M. Glincher 10/18/2012  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084582

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

FILED  
Feb 16, 2012  
Secretary of State

*Copy*

## 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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