## L10000084582

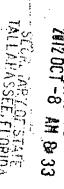
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## **COVER LETTER**

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, LCC.  Firm/Company
Firm/Company  1792 Bell Tower Lane  Address
Weston, F1 33326 City/State and Zip Code
DAVID & AUTOLOSS CLAIMS, COM
E-niail 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 & Certified Copy

## 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 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: ON Vine Circle (Note: MAY BE POST OFFICE BOX) 0000084582 Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: K. GLINCHER Registered Agent: Registered Office Address: 07 PASSION VINC (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office addres NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. If It there 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 peropy confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084582

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

Feb 16, 2012 Secretary of State

**Current Principal Place of Business:** 

12555 ORANGE DRIVE

**DAVIE, FL 33330** 

**Current Mailing Address:** 

12555 ORANGE DRIVE

**DAVIE, FL 33330** 

POOD, LAURRIE

FEI Number: 27-3583377

12555 ORANGE DRIVE

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Name and Address of New Registered Agent

New Principal Place of Business:

1607 PASSION VINE CIRCLE WESTON, FL 33326

1607 PASSION VINE CIRCLE WESTON, FL 33326

**New Mailing Address:** 

GLINCHER, ORFA K 1607 PASSION VINE CIRCLE WESTON, FL 33326 US

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: ORFA KIM GLINCHER

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

**MANAGING MEMBERS/MANAGERS:** 

Title: **MGRM** 

Name: GLINCHER, DAVID M Address: 1607 PASSION VINE CIRCLE City-St-Zip:

WESTON, FL 33326

02/16/2012

Date

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: DAVID MICHAEL GLINCHER

02/16/2012