

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001837

Entity Name: ACCIDENT BUREAU, LLC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

2203 N LOIS AVENUE, STE 906
TAMPA, FL 33607

New Principal Place of Business:

2203 N LOIS AVENUE
SUITE 906
TAMPA, FL 33607

Current Mailing Address:

2203 N LOIS AVENUE, STE 906
TAMPA, FL 33607

New Mailing Address:

2203 N LOIS AVENUE
SUITE 906
TAMPA, FL 33607

FEI Number: 20-8647963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SHARON
8479 9TH STREET NORTH
ST. PETESBURG, FL 33702 US

Name and Address of New Registered Agent:

MARSHALL, THOMAS
2203 N LOIS AVENUE
SUITE 906
TAMPA, FL 33607 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: THOMAS MARSHALL

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSHALL, THOMAS TRUSTEE
Address: 2203 N LOIS AVENUE, STE 906
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS MARSHALL

MGRM

03/24/2008

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