

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036304

**Entity Name:** ACCIDENT ATTORNEYS, LLC

**Current Principal Place of Business:**

155 NW 167TH STREET  
3RD FLOOR  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

155 NW 167TH STREET  
3RD FLOOR  
NORTH MIAMI BEACH, FL 33169

**FEI Number:** 51-0510206

**Certificate of Status Desired:** No

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

SOUZA, WILLIAM  
155 NORTHWEST 167TH STREET  
3RD FLOOR  
NORTH MIAMI BEACH, FL 33169 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SOUZA, WILLIAM  
Address 155 NORTHWEST 167TH STREET -  
3RD FLOOR  
City-State-Zip: NORTH MIAMI BEACH FL 33169

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM SOUZA

MGRM

01/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date