

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000199140

Entity Name: 407 INJURY HELPLINE LLC

Current Principal Place of Business:

390 NORTH ORANGE AVE
SUITE 2300
ORLANDO, FL 32801

Current Mailing Address:

390 NORTH ORANGE AVE,
SUITE 2300
ORLANDO, FL 32801 US

FEI Number: 83-1692716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, RAUL JR.
390 NORTH ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 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 MANAGER
Name MARTINEZ, RAUL JR.
Address 390 NORTH ORANGE AVE
SUITE 2300
City-State-Zip: ORLANDO FL 32801

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: RAUL MARTINEZ, JR

MANAGER

03/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date