

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029257

FILED
Mar 26, 2009
Secretary of State

Entity Name: PUBLIC ADJUSTERS FIRM OF FLORIDA, LLC

Current Principal Place of Business:

13872 S.W. 285 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

13872 S.W. 285 STREET
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 80-0164048 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAMIREZ, YOLANDA
13872 S.W. 285 STREET
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMIREZ, YOLANDA
Address: 13872 S.W. 285 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM () Delete
Name: SANABRIA, LUCIA
Address: 13872 S.W. 285 STREET
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES:

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

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: YOLANDA RAMIREZ

MNGR

03/26/2009

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