2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000022811

Entity Name: DE OLAZABAL INSURANCE ADJUSTERS, LLC.

Current Principal Place of Business:

16049 SW 53RD TER
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

16049 SW 53RD TER
MIAMI, FL 33185 US

New Mailing Address:

FEI Number: 26-2080152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORDON, CRISTINA
16049 SW 53 TER
MIAMI, FL 33185 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: ORDON, CRISTINA
Address: 13700 SW 62ND ST #112
City-St-Zip: MIAMI, FL 33183 US

Title: MGRM ( ) Delete
Name: DE OLAZABAL, EDGARD A
Address: 16049 SW 53 TER
City-St-Zip: MIAMI, FL 33185 US

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: CRISTINA ORDON MGRM 04/30/2009

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