

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108933

**Entity Name:** PUBLIC ADJUSTERS LLC

**Current Principal Place of Business:**

627 WOODARD AVE  
CLEBURNE, TX 76033

**Current Mailing Address:**

P.O. BOX 1401  
CLEBURNE, TX 76033 US

**FEI Number:** 20-3771138

**Certificate of Status Desired:** Yes

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

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 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 CONRADT, RICKEY  
Address 627 WOODARD AVE  
City-State-Zip: CLEBURNE TX 76033

*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: RICKEY CONRADT**

**MANAGER**

**01/09/2014**

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

\_\_\_\_\_  
Date