

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000041712

**Entity Name:** PUBLIC ADJUSTER 4 YOU LLC

**Current Principal Place of Business:**

130 SOUTH INDIAN RIVER DRIVE., SUITE 202  
FORT PIERCE, FL 34950

**Current Mailing Address:**

130 SOUTH INDIAN RIVER DRIVE., SUITE 202  
FORT PIERCE, FL 34950 US

**FEI Number:** 83-4652587

**Certificate of Status Desired:** No

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

MCMILLER, DANIELLE  
130 SOUTH INDIAN RIVER DRIVE  
202  
FORT PIERCE, FL 34950 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            DIRECTOR  
Name            MCMILLER, DANIELLE  
Address        130 SOUTH INDIAN RIVER DRIVE.,  
                  SUITE 202  
City-State-Zip: FORT PIERCE FL 34950

*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:** DANIELLE MCMILLER

**DIRECTOR/REGISTERED    01/10/2021  
AGENT**

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

\_\_\_\_\_ Date