2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L01000015076

1. Entity Name
ALBERTO O. SARFATI, INVESTIGATION & ADJUSTER, L.L.C.

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156 US	9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156 US

02162008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1134535
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, MARIO I
9130 S. DADELAND BLVD
SUITE 1600
MIAMI, FL 33156

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARFATI, ALBERTO OSCAR
STREET ADDRESS	GLISINAS 893 - LOS CARDALES COUNTRY CLUB
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES AR,
TITLE	MGR
NAME	GARAVANO DE SARFATI, SANDRA KARINA
STREET ADDRESS	GLISINAS 893 - LOS CARDALES COUNTRY CLUB
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES AR,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

U00000861456
04/03/08-80010-005 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Alberto O. Sarfati 03-06-08 305 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #