

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.	
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Principal Place of Business 9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156 US	Mailing Address 9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156 US
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DO NOT WRITE IN THIS SPACE



02162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1134535	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9130 S. DADELAND BLVD SUITE 1600 MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

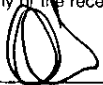
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARFATI, ALBERTO OSCAR GLISINAS 893 - LOS CARDALES COUNTRY CLUB PROVINCIA DE BUENOS AIRES AR,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARAVANO DE SARFATI, SANDRA KARINA GLISINAS 893 - LOS CARDALES COUNTRY CLUB PROVINCIA DE BUENOS AIRES AR,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000861456
04/03/08-80010-005 138.75

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IN THIS SPACE**

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 #