

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015076

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 65-1134535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUZMAN, MARIO I  
9130 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 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: SARFATI, ALBERTO OSCAR  
Address: GLISINAS 893 - LOS CARDALES COUNTRY CLUB  
City-St-Zip: PROVINCIA DE BUENOS AIRES AR,

Title: MGR ( ) Delete  
Name: GARAVANO DE SARFATI, SANDRA KARINA  
Address: GLISINAS 893 - LOS CARDALES COUNTRY CLUB  
City-St-Zip: PROVINCIA DE BUENOS AIRES AR,

**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: ALBERTO OSCAR SARFATI

MGR

04/27/2009

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