

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084151

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** ACCREDITED PUBLIC ADJUSTERS, LLC

**Current Principal Place of Business:**

1204 WHITE OAK LANE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1204 WHITE OAK LANE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 20-1908360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YORK, TIMOTHY J  
1204 WHITE OAK LANE  
FORT PIERCE, FL 34982 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: YORK, TIMOTHY J  
Address: 1204 WHITE OAK LANE  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR ( ) Delete  
Name: YORK, CAROLINE M  
Address: 1204 WHITE OAK LANE  
City-St-Zip: FORT PIERCE, FL 34982

**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: CAROLINE M. YORK

MGR

02/27/2009

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