2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# L05000008763

Entity Name: LEONARD W SALEMME CLAIMS ADJUSTER LLC

Current Principal Place of Business:

30929 IVERSON DR
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

39248 US #19 NORTH #352
#352
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

30929 IVERSON DR
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

39248 US #19 NORTH #352
#352
TARPON SPRINGS, FL 34689 US

FEI Number: 20-2251108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SALEMME, LEONARD W SR
30929 IVERSON DR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

SALEMME, LEONARD W SR
39248 US #19 NORTH #352
#352
TARPON SPRINGS, FL 34689 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: LEONARD W. SALEMME SR. 08/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALEMME, LEONARD W SR
Address: 30929 IVERSON DR
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALEMME, LEONARD W SR
Address: 39248 US #19 N. #352
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: LEONARD W. SALEMME, SR. ADJ 08/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date