

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038126

FILED
Mar 31, 2008
Secretary of State

Entity Name: INSURANCE AND RESTORATION PROFESSIONALS, LLC

Current Principal Place of Business:

2701 W BUSCH BLVD STE 200
TAMPA, FL 33618

New Principal Place of Business:

2701 W BUSCH BLVD
SUITE 212
TAMPA, FL 33618

Current Mailing Address:

2701 W BUSCH BLVD STE 200
TAMPA, FL 33618

New Mailing Address:

2701 W BUSCH BLVD
SUITE 212
TAMPA, FL 33618

FEI Number: 20-4999130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WADSWORTH, BRETT
2701 W. BUSCH BLVD., SUITE 104
TAMPA, FL 33618 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: MGRM () Delete
Name: BRACKEN, SUSAN ANN
Address: 2701 W BUSCH BLVD STE 200
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRACKEN, SUSAN A
Address: 2701 W BUSCH BLVD STE 212
City-St-Zip: TAMPA, FL 33618

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: SUSAN A BRACKEN

MGRM

03/31/2008

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