

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90210 024 \*\*\*\*55.00

**DOCUMENT # L06000065670**



1. Entity Name  
**UNITED STATES ADJUSTERS, LLC**

Principal Place of Business  
21218 ST. ANDREWS BLVD.  
BOCA RATON, FL 33433

Mailing Address  
21218 ST. ANDREWS BLVD.  
BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #  
22366 Martella Ave  
Suite, Apt. #, etc.  
City & State Boca Raton, FL

3. Mailing Address  
22366  
Suite, Apt. #, etc.  
City & State Boca Raton, FL

Zip  
33433

Country  
USA

Zip  
33433

Country  
USA

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5125672 ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARY, DENNIS J  
138 WEST PALMETTO PARK RD.  
BOCA RATON, FL 33432-3828

**7. Name and Address of New Registered Agent**

Name  
BRYAN THOMAS  
Street Address (P.O. Box Number is Not Acceptable)  
2710 SW 6<sup>th</sup> Street  
City Boynton Beach FL Zip Code 33435

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.  
Bryan E. Thomas  
01-04-2007

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS	MGR THOMAS, BRYAN E 110 YATCH CLUB WAY HYPOLUXO, FL 33462	<input type="checkbox"/> Delete
NAME CITY- ST- ZIP TITLE NAME	MANAGING MEMBER CASTLE, JOHN 210 YACHT CLUB WAY HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER HERNANDEZ, JOSEPH 22366 MARTELLA AVE BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THOMAS, BRYAN E 2710 SW 6 <sup>th</sup> STREET BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bryan E Thomas* *Bryan E Thomas* 01-04-07 561-305-4360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #