

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001486

FILED
Apr 24, 2009
Secretary of State

Entity Name: CHRISTENSEN PROFESSIONAL ADJUSTMENT SERVICES, LLC

Current Principal Place of Business:

5603 80TH AVENUE EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

5603 80TH AVENUE EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205 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: CHRISTENSEN, TIMOTHY
Address: 5603 80TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: CHRISTENSEN, PAMELA
Address: 5603 80TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

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: TIM D CHRISTENSEN

MGRM

04/24/2009

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