## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031392

Entity Name: OAKES PUBLIC ADJUSTERS, LLC

**FILED** Feb 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7040 SEMINOLE PRATT WHITNEY RD, STE. 25-6 LOXAHATCHEE, FL 33470

**Current Mailing Address: New Mailing Address:** 

7040 SEMINOLE PRATT WHITNEY RD, STE. 25-6 LOXAHATCHEE, FL 33470

Name:

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

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

OAKES, BRIAN OAKES, DELORES

7040 SÉMINOLE PRATT WHITNEY RD, STE. 25-6 7040 SEMINOLE PRATT WHITNEY RD, STE. 25-6

LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470

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: DELORES OAKES 02/01/2008

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition (X) Delete

OAKES, BRIAN Address: 7040 SEMINOLE PRATT WHITNEY RD, STE. 25-6 Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: OAKES, DELORES Name: Address: 7040 SEMINOLE PRATT WHITNEY RD. STE. 25-6 Address: City-St-Zip: LOXAHATCHEE, FL 33470 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: DELORES OAKES 02/01/2008