

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069263

FILED
Apr 30, 2008
Secretary of State

Entity Name: ANYTIME PUBLIC ADJUSTERS OF FLORIDA, LLC

Current Principal Place of Business:

14114 SW 160 CT.
MIAMI, FL 11396 US

New Principal Place of Business:

Current Mailing Address:

14114 SW 160 CT.
MIAMI, FL 11396 US

New Mailing Address:

FEI Number: 26-0494187 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUAREZ, PEDRO A
17421 SW 142 PLACE
MIAMI, FL 33177 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: MGR () Delete
Name: SUAREZ, PEDRO A
Address: 17421 SW 142 PLACE
City-St-Zip: MIAMI, FL 33177 US

Title: MGR () Delete
Name: VELOSO, JOSEPH
Address: 7560 SW 134 AVE
City-St-Zip: MIAMI, FL 33183 US

Title: MGR () Delete
Name: CANAL, EDUARDO
Address: 7560 SW 134 AVE
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: VELOSO, JOSEPH
Address: 14114 SW 160 COURT
City-St-Zip: MIAMI, FL 33196 US

Title: MGR (X) Change () Addition
Name: CANAL, EDUARDO
Address: 14114 SW 160 COURT
City-St-Zip: MIAMI, FL 33196 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: JOSEPH VELOSO

MGR

04/30/2008

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