2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L07000100019

Entity Name: ACKERMAN PUBLIC ADJUSTING SERVICES, LLC

Current Principal Place of Business:

373 N.W. 4TH DIAGONAL
#101
BOCA RATON, FL 33432 US

New Principal Place of Business:

150 NW 70TH ST.
#103
BOCA RATON, FL 33487 US

Current Mailing Address:

373 N.W. 4TH DIAGONAL
#101
BOCA RATON, FL 33432 US

New Mailing Address:

150 NW 70TH ST.
#103
BOCA RATON, FL 33487 US

FEI Number: 32-0224091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ACKERMAN, WILLIAM J
373 N.W. 4TH DIAGONAL
#101
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ACKERMAN, WILLIAM J
150 NW 70TH ST.
#103
BOCA RATON, FL 33487 US

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: 05/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ACKERMAN, ROBERT J
Address: 373 N.W. 4TH DIAGONAL, SUITE 101
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ACKERMAN, ROBERT J
Address: 150 NW 70TH ST., SUITE 103
City-St-Zip: BOCA RATON, FL 33487 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: ROBERT J. ACKERMAN PRES 05/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date