

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015197

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** NESTOR AND ASSOCIATES PUBLIC ADJUSTERS, LLC

**Current Principal Place of Business:**

21346 SAINT ANDREWS BLVD  
#430  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21346 SAINT ANDREWS BLVD  
#430  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 26-2101078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NESTOR, MARK N MR.  
1504 BAY RD  
APT. 1702  
MIAMI BEACH, FL 33139 US

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

NESTOR, MARK N MR.  
1800 NORTH BAYSHORE DRIVE  
APT. 1914  
MIAMI, FL 33132 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: \_\_\_\_\_

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NESTOR, MARK N MR.  
Address: 1800 NORTH BAYSHORE DRIVE, APT. 1914  
City-St-Zip: MIAMI, FL 33132

Title: MGRM  
Name: GENE, BENJAMIN J MR.  
Address: 5760 COACH HOUSE CIRCLE, APT. H  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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: MARK NESTOR

MGRM

04/22/2010

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