

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073222

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PRIVATE ADJUSTERS, LLC

**Current Principal Place of Business:**

7250 N.W. 8TH STREET,  
BAY 5  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7250 N.W. 8TH STREET,  
BAY 5  
MIAMI, FL 33126

**New Mailing Address:**

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

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

SICRE, HECTOR  
7150 N.W. 8TH STREET  
BAY 5  
MIAMI, FL FL 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: SICRE, HECTOR  
Address: 7250 NW 8TH STREET BAY 5  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: PARDO, ROSA MARIA  
Address: 2030 S. DOUGLAS RD. @417  
City-St-Zip: CORAL GABLES, FL 33134

**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: HECTOR SICRE

MGR

03/25/2009

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