2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000081841

Entity Name: AFFILIATED FINANCE ADJUSTERS, LLC

Current Principal Place of Business:

1627 S 51ST STREET
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1627 S 51ST STREET
TAMPA, FL 33619

New Mailing Address:

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

Name and Address of Current Registered Agent:

WRIGHT, SANDY
5925 E M.L.K BLVD
TAMPA, FL 33619 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: HUA, AN
Address: 1627 S 51ST STREET
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete
Name: RIPKA, JAMES
Address: 1627 S 51ST STREET
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete
Name: RIPKA, KERRI
Address: 1627 S 51ST STREET
City-St-Zip: TAMPA, FL 33619

Title: MGR ( ) Delete
Name: BARON, PETE
Address: 1627 S 51ST STREET
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

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

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

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: PETE BARON MGR 04/23/2009

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