

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089956

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PROFESSIONAL ADJUSTERS LLC

**Current Principal Place of Business:**

2190 SW DOVE CANYON WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2190 SW DOVE CANYON WAY  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 80-0267500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADDOX, ROBERT D  
2190 SW DOVE CANYON WAY  
PALM CITY, FL 34990 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  
Name: MADDOX, ROBERT D  
Address: 2190 SW DOVE CANYON WAY  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: MADDOX, SHIRLEY M  
Address: 2190 SW DOVE CANYON WAY  
City-St-Zip: PALM CITY, FL 34990

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: ROBERT D. MADDOX

MGRM

01/21/2012

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