

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098868

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** INDEMNITY PROTECTION PUBLIC ADJUSTING, LLC

**Current Principal Place of Business:**

2563 CREEKFRONT DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

2563 CREEKFRONT DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

2853 HENLEY ROAD  
#103-82  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 26-3603121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARZ, KENNETH M  
2563 CREEKFRONT DRIVE  
GREEN COVE SPRINGS, FL 32043 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: SCHWARZ, KENNETH M  
Address: 2563 CREEKFRONT DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM ( ) Delete  
Name: WALDRUP, STACY JO  
Address: 5248 TILTING OAKS COURT WEST  
City-St-Zip: JACKSONVILLE, FL 32258

**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:** KENNETH M. SCHWARZ

MR.

02/16/2009

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