

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004882

**FILED**  
**Jul 13, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST PUBLIC ADJUSTERS, LLC

**Current Principal Place of Business:**

8870 N HIMES AVE., #103  
TAMPA, FL 33614

**New Principal Place of Business:**

8870 N HIMES AVE. #103  
TAMPA, FL 33614

**Current Mailing Address:**

8870 N HIMES AVE., #103  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 30-0528591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORENO, ALFREDO  
8870 N HIMES AVE., #103  
TAMPA, FL 33614 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:** MORENO, ALFREDO  
**Address:** 8870 N HIMES AVE. #103  
**City-St-Zip:** TAMPA, FL 33614

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: ALFREDO MORENO

MGRM

07/13/2010

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