

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106817

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** TRUSTED CLAIMS ADJUSTER LLC

**Current Principal Place of Business:**

14842 SW 170 TERR  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 771141  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 80-0502489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSA, CHRISTIAN  
14842 SW 170 TERR  
MIAMI, FL 33187 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: ROSA, CHRISTIAN  
Address: 14842 SW 170 TERR  
City-St-Zip: MIAMI, FL 33187

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: CHRISTIAN ROSA

MGR

04/24/2010

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