2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L09000110789

Entity Name: STATEWIDE PUBLIC INSURANCE ADJUSTERS, LLC

Current Principal Place of Business:

611 SW 2ND AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

611 SW 2ND AVENUE
POMPANO BEACH, FL 33060

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:

PARTLAN, WILLIAM
611 SW 2ND AVENUE
POMPANO BEACH, FL 33060 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: PARTLAN, WILLIAM
Address: 611 SW 2ND AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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 Statues.

SIGNATURE: WILLIAM PARTLAN MGRM 04/27/2010

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