

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081608

FILED
Feb 23, 2011
Secretary of State

Entity Name: ALL FLORIDA PUBLIC INSURANCE ADJUSTER'S LLC

Current Principal Place of Business:

6289 NW 17TH STREET
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

PO BOX 938431
MARGATE, FL 330938431

New Mailing Address:

FEI Number: 27-3589001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, III, WILLIAM A
6289 NW 17TH STREET
MARGATE, FL 33063 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: MGR
Name: MCDONALD, WILLIAM A
Address: 6289 NW 17TH STREET
City-St-Zip: MARGATE, FL 33063

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: WILLIAM A. MCDONALD

MGR

02/23/2011

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