

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050292

**Entity Name:** FLPA, LLC

**Current Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE 16  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9000 SHERIDAN STREET  
SUITE 16  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-2755250

**Certificate of Status Desired:** No

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

FLORIDA LOSS PUBLIC ADJUSTERS, INC.  
9000 SHERIDAN STREET  
SUITE 16  
PEMBROKE PINES, FL 33024 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MCMANIGAL, MICHAEL A  
Address 9000 SHERIDAN STREET #16  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MCMANIGAL

MGR

02/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date