

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000178594

**Entity Name:** ADAMS & COMPANY INSURANCE ADJUSTERS LLC

**Current Principal Place of Business:**

157 NE SAGAMORE TERRACE  
PORT SAINT LUCIE, FL 34983, FL 34983

**Current Mailing Address:**

157 NE SAGAMORE TERRACE  
PORT SAINT LUCIE, FL 34983, FL 34983 US

**FEI Number:** 85-1737776

**Certificate of Status Desired:** Yes

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

ADAMS, ZACHARY MARTIN  
157 NE SAGAMORE TERRACE  
PORT SAINT LUCIE, FL 34983, FL 34983 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:** ZACHARY M ADAMS

04/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADAMS, ZACHARY M  
Address 157 NE SAGAMORE TERRACE  
City-State-Zip: PORT SAINT LUCIE, FL 34983 FL  
34983

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZACHARY M . ADAMS

MGR

04/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date