

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000189687

**Entity Name:** TRUST ALL LINES ADJUSTER LLC

**Current Principal Place of Business:**

4766 GOLDEN GATE PARKWAY UNIT 4  
NAPLES, FL 34116

**Current Mailing Address:**

4766 GOLDEN GATE PARKWAY UNIT4  
NAPLES, FL 34116

**FEI Number:** 85-1755996

**Certificate of Status Desired:** No

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

ORANGE, SALMONT  
4766 GOLDEN GATE PARKWAY UNIT4  
NAPLES, FL 34116 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 PR.  
Name ORANGE, SALMONT  
Address 1030 21ST STREET SW  
City-State-Zip: NAPLES FL 34117

*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:** SALMONT ORANGE

**PRESIDENT**

**04/16/2021**

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

\_\_\_\_\_  
Date