

2024 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

PR

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date