

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000308047

**Entity Name:** ASK AN ADJUSTER SW FL, LLC

**Current Principal Place of Business:**

4350 W CYPRESS STREET  
STE 102  
TAMPA, FL 33607

**Current Mailing Address:**

744 NORTH DR STE A  
MELBOURNE, FL 32934 US

**FEI Number:** 85-3491871

**Certificate of Status Desired:** No

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

VALENTE, ANTHONY P JR  
10126 TARPON DRIVE  
TREASURE ISLAND, FL 33706 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            AUTHORIZED MEMBER  
Name            DOWNS, KEVIN W  
Address        744 NORTH DR STE A  
City-State-Zip: MELBOURNE FL

*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:** KEVIN DOWNS

**MGR**

**03/24/2025**

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

\_\_\_\_\_  
Date