

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008850

FILED
Jan 14, 2009
Secretary of State

Entity Name: AUTOMATED RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

225 S. SWOOPE AVE #100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

PO BOX 941090
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 74-3040014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, MICHAEL
225 S SWOOPE AVE STE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: WRIGHT, MICHAEL E
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO () Change (X) Addition
Name: HAMMAN, RACHEL L
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL WRIGHT

CEO

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date