

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003435

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: COURT JUDGMENT RECOVERY, LLC

**Current Principal Place of Business:**

125 S. STATE ROAD 7 STE. 104-227  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

125 S. STATE ROAD 7 STE. 104-227  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 26-1631523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALSER, THOMAS  
7015 BERACASA WAY SUITE 201  
BOCA RATON, FL 33433 US

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

VITAL CASH INJECTION, LLC  
125 S. STATE ROAD 7  
STE. 104-227  
WELLINGTON, FL 33414 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: VITAL CASH INJECTION, LLC

04/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KIRSCHNER, ALLEN  
Address: 125 S. STATE ROAD 7 STE. 104-227  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: KIRSCHNER, MARK  
Address: 125 S. STATE ROAD 7 STE. 104-227  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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

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

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: ALLEN KIRSCHNER

MGR

04/02/2009

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