

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002100

Entity Name: ARS RECOVERY SERVICES, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

1845 HWY 93 S.
SUITE 310
KALISPELL, MT 59901

New Principal Place of Business:

1845 HIGHWAY 93 SOUTH
SUITE 310
KALISPELL, MT 59901

Current Mailing Address:

1845 HWY 93 S.
SUITE 310
KALISPELL, MT 59901

New Mailing Address:

1845 HIGHWAY 93 SOUTH
SUITE 310
KALISPELL, MT 59901

FEI Number: 81-0528530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: REINER, EDWARD GENE
Address: 126 NORTH MERIDAN ROAD
City-St-Zip: KALISPELL, MT 59901

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REINER, EDWARD GENE
Address: 1845 HIGHWAY 93 SOUTH; SUITE 310
City-St-Zip: KALISPELL, MT 59901

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD GENE REINER

MGR

01/04/2007

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