

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000923

FILED
Apr 12, 2011
Secretary of State

Entity Name: UNITED CREDIT RECOVERY LLC

Current Principal Place of Business:

5224 W. STATE ROAD 46 #319
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 W. STATE ROAD 46 #319
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-3608540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORMAN, PAMELA
5224 W. STATE ROAD 46 #319
SANFORD, FL 32771 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
Name: BURKS, STEVEN
Address: 5224 W. STATE ROAD 46 #319
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: THOMPSON, EDWARD
Address: 5224 W. STATE ROAD 46 #319
City-St-Zip: SANFORD, FL 32771

I hereby 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 THOMPSON

MGR

04/12/2011

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