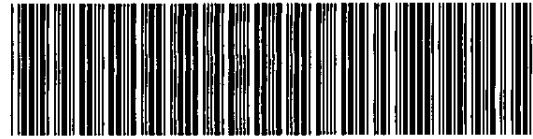


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE
OCT 31 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Credit Recovery LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Dorman
Name of Person

United Credit Recovery LLC
Firm/Company

5224 West SR 46 - Suite 319
Address

Sanford FL 32771
City/State and Zip Code

info@unitedcreditrecovery.com
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pamela Dorman at (407) 444-0447
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
 \$30 Filing Fee & Certificate of Status
 \$55.00 Filing Fee & Certified Copy
 \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: United Credit Recovery LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 03/06/2009
and its Florida document/registration number is MO9000000923

4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Leonard Potillo
5224 West SR 46 - Suite 319
Sanford FL 32771

11 OCT 28 AM 11:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Required Signature: 
Signature of Manager, Managing Member or Member

Filing Fee: \$25