

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000323

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ACADEMY RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

8301-B JEFFERSON ST NE  
ALBUQUERQUE, NM 87113

**New Principal Place of Business:**

**Current Mailing Address:**

8301-B JEFFERSON ST NE  
ALBUQUERQUE, NM 87113

**New Mailing Address:**

FEI Number: 27-1209143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SIMS, GARY  
Address: 8301-B JEFFERSON ST NE  
City-St-Zip: ALBUQUERQUE, NM 87113

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: GARY L SIMS

MGR

01/05/2012

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