

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000604

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** COLLATERAL RECOVERY & INVESTIGATION SPECIALIST, LLC

**Current Principal Place of Business:**

800 CHARLES STREET  
PROVIDENCE, RI 02904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1743  
PALM HARBOR, FL 34682

**New Mailing Address:**

FEI Number: 27-2282123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOLT, KIRSTEN  
755 FLORIDA AVE  
PALM HARBOR, FL 34683 US

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

HOLT, KIRSTEN  
655 CARDNIL AVE  
PALM HARBOR, FL 34683 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/05/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IZZO, FRANK  
Address: 800 CHARLES STREET  
City-St-Zip: PROVIDENCE, RI 02904

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: FRANK IZZO

MGRM

01/05/2012

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