

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000604

FILED
Jan 05, 2011
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:

800 CHARLES STREET
PROVIDENCE, RI 02904

New Mailing Address:

PO BOX 1743
PALM HARBOR, FL 34682

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:

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: 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

01/05/2011

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