

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000000323

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

**Current Principal Place of Business:**

8301-B JEFFERSON ST NE  
ALBUQUERQUE, NM 87113

**Current Mailing Address:**

8301-B JEFFERSON ST NE  
ALBUQUERQUE, NM 87113

**FEI Number:** 27-1209143

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH LTD INC  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	SIMS, GARY	Name	KRUG, MARK F
Address	80 COYOTE RUN	Address	3968 OAK GLENN DRIVE
City-State-Zip:	CORRALES NM 87048	City-State-Zip:	DULUTH GA 30096

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY L SIMS

**MANAGING MEMBER**

**04/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date