

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000323

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

**Current Principal Place of Business:**

5620 SAN FRANCISCO RD NE  
STE B  
ALBUQUERQUE, NM 87109

**Current Mailing Address:**

5620 SAN FRANCISCO RD NE  
STE B  
ALBUQUERQUE, NM 87109 US

**FEI Number:** 27-1209143

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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            PRESIDENT AND CEO  
Name            SIMS, GARY L.  
Address        7904 MILLTOWN CIRCLE  
City-State-Zip: CHELTENHAM PA 19012

Title            MEMBER  
Name            KRUG, MARK  
Address        3968 OAK GLENN DRIVE  
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

**PRESIDENT AND CEO**

**04/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date