

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000000323

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

**Current Principal Place of Business:**

5600 SAN FRANCISCO NE  
SUITE E  
ALBUQUERQUE, NM 87109

**Current Mailing Address:**

5600 SAN FRANCISCO NE  
SUITE E  
ALBUQUERQUE, NM 87109 US

**FEI Number:** 27-1209143

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,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 MGRM  
Name SIMS, GARY  
Address 80 COYOTE RUN  
City-State-Zip: CORRALES NM 87048

Title MGR  
Name KRUG, MARK F  
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

**CEO/PRESIDENT**

**04/17/2017**

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

\_\_\_\_\_  
Date