

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000000604

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

**Current Principal Place of Business:**

800 CHARLES STREET  
PROVIDENCE, RI 02904

**Current Mailing Address:**

PO BOX 1743  
PALM HARBOR, FL 34682

**FEI Number:** 27-2282123

**Certificate of Status Desired:** No

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

IZZO,SR, FRANK F  
655 CARDINAL 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:** FRANK F. IZZO,SR

04/21/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*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:** FRANK F. IZZO,SR

RA

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date