

2013 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: Yes

Name and Address of Current Registered Agent:

HOLT, KIRSTEN
655 CARDNIL 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: _____

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK IZZO SR

MNB

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date