

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013301

FILED
Feb 02, 2009
Secretary of State

Entity Name: ACCOUNTS RECEIVABLES SOLUTIONS, LLC

Current Principal Place of Business:

285 LIVE OAK BLVD
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

285 LIVE OAK BLVD
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3678916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COKER, SHELLY R PRES
1331 AVALON BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COKER, SHELLY R PRES
Address: 1331 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR () Delete
Name: COOK, ROBIN K VICE PR
Address: 6219 INDIAN HILL RD
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SHELLY R COKER

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date