2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L02000007921

Entity Name: ALLIANCE RECOVERY GROUP, L.L.C.

Current Principal Place of Business:

4112 NW 11TH ST
CAPE CORAL, FL 33993

New Principal Place of Business:

3827 SW 2ND LANE
CAPE CORAL, FL 33991

Current Mailing Address:

PO BOX 218
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 03-0444437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SELF-PERRY, MARCIA
4112 NW 11TH ST
CAPE CORAL, FL 33993 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: GARCIA, CHARLIE E
Address: 3827 SW 2ND LANE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

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: CHARLIE GARCIA MGRM 01/19/2009

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