

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008850

FILED
Jun 01, 2006
Secretary of State

Entity Name: AUTOMATED RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

225 S. SWOOPE AVE #100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

PO BOX 941090
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 74-3040014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAMMAN, BRADLEY
225 S SWOOPE AVE STE 100
MAITLAND, FL 32751 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMMAN, BRADLEY
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: WRIGHT, MICHAEL
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: HAMMAN, BRADLEY
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

Title: CEO (X) Change () Addition
Name: WRIGHT, MICHAEL
Address: 225 S SWOOPE AVE STE 100
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADLEY HAMMAN

CFO

06/01/2006

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