

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000008850

**FILED**  
**Apr 08, 2010**  
**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 ( )**

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

WRIGHT, MICHAEL  
225 S SWOOPE AVE STE 100  
MAITLAND, FL 32751 US

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

WRIGHT, JODI E  
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: JODI E WRIGHT

04/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: WRIGHT, MICHAEL E  
Address: 225 S SWOOPE AVE STE 100  
City-St-Zip: MAITLAND, FL 32751

Title: COO  
Name: HAMMAN, RACHEL L  
Address: 225 S SWOOPE AVE STE 100  
City-St-Zip: MAITLAND, FL 32751

I hereby 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: MICHAEL WRIGHT

CEO

04/08/2010

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