

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000011232

**FILED**  
**Sep 22, 2005**  
**Secretary of State**

**Entity Name:** NATIONAL REVENUE RECOVERY, LLC

**Current Principal Place of Business:**

C/O F&L CORP  
200 LAURA STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

C/O F&L CORP  
200 LAURA STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

C/O CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

C/O NORTHEAST FINANCIAL MANAGEMENT ASSOCIATE  
1480 BOSTON POST ROAD  
OLD SAYBROOK, CT 32301

**FEI Number:** 02-0086797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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

CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301 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:** MAUREEN CULLEN, ASS'T VP

09/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: CROZIER, JAMES R III  
Address: 1480 BOSTON POST ROAD  
City-St-Zip: OLD SAYBROOK, CT 06475

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** JAMES R. CROZIER, III

MR.

09/22/2005

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