

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022246

1. Entity Name
P H G FINANCIAL RECOVERY SERVICES, LLC



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 029 ****50.00



04122005 Chg-LLC CR2E083 (10/03)

Principal Place of Business
9455 KOGER BLVD., SUITE 101
ST. PETERSBURG, FL 33702

Mailing Address
P.O. BOX 20168
ST. PETERSBURG, FL 33742

2. Principal Place of Business
4950 W Kennedy

3. Mailing Address
POB 26282

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
FL 33609

Country
USA

Zip
33623

Country
USA

4. FEI Number
65-1193720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INGLETT, ANNA C
9455 KOGER BLVD
STE 101
SAINT PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4950 W Kennedy Blvd. #101

City *Tampa* State *FL* Zip Code *33609*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anna C Ingett* DATE *4/19/05*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLETT, ANNA CECILIA 9455 KOGER BLVD., SUITE 101 ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4950 W Kennedy Blvd. #101 Tampa, FL 33609</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Anna C Ingett* DATE: *4/18/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE