

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009718

FILED
Mar 24, 2009
Secretary of State

Entity Name: NATIONAL ASSET RECOVERY SYSTEMS, LLC

Current Principal Place of Business:

6383 10TH AVE. N
SUITE C
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6383 10TH AVE. N.
SUITE C
LAKE WORTH, FL 33463

New Mailing Address:

6383 10TH AVE. N
SUITE C
LAKE WORTH, FL 33463

FEI Number: 34-1980356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEMEL, DAVID
6383 10TH AVE., N.
SUITE C
LAKE WORTH, FL 33463 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: MM () Delete
Name: TEMEL, DAVID
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGR () Delete
Name: GILISON, ALAN MGR
Address: 6383 10TH AVENUE N
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID TEMEL

MM

03/24/2009

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