

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000009718

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL ASSET RECOVERY SYSTEMS, LLC

**Current Principal Place of Business:**

4010 SOUTH 57TH AVE  
SUITE 102B  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 211027  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

**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  
4010 SOUTH 57TH AVE  
SUITE 102B  
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  
**Name:** TEMEL, DAVID  
**Address:** 4010 SOUTH 57TH AVE, SUITE 102B  
**City-St-Zip:** LAKE WORTH, FL 33463 US

**Title:** MGR  
**Name:** GILISON, ALAN MGR  
**Address:** 4010 SOUTH 57TH AVE, SUITE 102B  
**City-St-Zip:** LAKE WORTH, FL 33463 US

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:** DAVID TEMEL

MM

01/05/2012

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