

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90279 046 \*\*\*\*\*50.00

**DOCUMENT # L04000036770**

1. Entity Name  
**LOAN RECOVERY SERVICES, L.L.C.**



Principal Place of Business  
**980 NORTH FEDERAL HIGHWAY  
SUITE 302  
BOCA RATON, FL 33432-2704**

Mailing Address  
**980 NORTH FEDERAL HIGHWAY  
SUITE 302  
BOCA RATON, FL 33432-2704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**13-4280398**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**MALLINGER, MARTIN R  
980 NORTH FEDERAL HIGHWAY  
SUITE 302  
BOCA RATON, FL 33432-2704**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<input type="checkbox"/> Delete
managing member	Eugene Lerner	17299 Bridleway Trail	Boca Raton, FL 33496	<input type="checkbox"/>
managing member	Barry Globberman	16819 Knightsbridge lane	Delray Beach, FL 33484	<input type="checkbox"/>
managing member	Stephen Herman	39 Treehollow Court	Dix Hills, NY 11746	<input type="checkbox"/>
managing member	Robert Botwinick	5687 Vintage Oaks Circle	Delray Beach, FL 33484	<input type="checkbox"/>
managing member	Terold Herman	24 Treehollow Court	Dix Hills, NY 11746	<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

**2/3/05 561-6378456**

Date

Daytime Phone #