

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044870

1. Entity Name
NATIONAL RECOVERY ASSOCIATES, LLC



Principal Place of Business
**2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

Mailing Address
**2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2625846

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIRSCH, DAVID
C/O N.R.A.
2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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

David Hirsch
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONTA, RAYMOND A
STREET ADDRESS	36 PEBBLE BROOK WAY
CITY-ST-ZIP	CHAPPAQUA, NY 10514
TITLE	MGRM
NAME	COLLETTI, VINCENT
STREET ADDRESS	260 HARDCRABBLE RD.
CITY-ST-ZIP	NORTH SALEM, NY 10560
TITLE	MGRM
NAME	FOTI, PAUL
STREET ADDRESS	14 COON DEN
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	MGRM
NAME	HIRSCH, DAVID
STREET ADDRESS	11528 HIBBS GROVE DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	MGRM
NAME	STEAD, JAMES
STREET ADDRESS	19 ROSS DRIVE
CITY-ST-ZIP	YORTOWNHEIGHTS, NY 10598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80047-025 110.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #