

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000068588

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Entity Name:** ASSETS RECOVERY CENTER, LLC

**Current Principal Place of Business:**

1545 NORTHEAST 123RD STREET  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 526146  
MIAMI, FL 33152 US

**New Mailing Address:**

1545 NORTHEAST 123RD STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 20-1626639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSEN, JOHN  
1545 NORTHEAST 123RD STREET  
NORTH MIAMI, FL 33161 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: MGR  
Name: OLSEN, JOHN  
Address: 1545 NORTHEAST 123RD STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MGR  
Name: COOSEMANS, DANIEL  
Address: 1545 NE 123 STREET  
City-St-Zip: NORTH MIAMI, FL 33161 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: JOHN OLSEN

MGR

07/15/2010

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