

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068588

FILED
Jan 18, 2011
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:

1900 SUNSET HABOUR DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139, FL 33139 US

Current Mailing Address:

1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 US

New Mailing Address:

1900 SUNSET HABOUR DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139, FL 33139 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:

OLSEN, JOHN
1900 SUNSET HABOUR DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139, FL 33139 US

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: JOHN OLSEN

01/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OLSEN, JOHN
Address: 1900 SUNSET HABOUR DRIVE 2ND FLOOR
City-St-Zip: MIAMI BEACH, FL 33139, FL 33139 US

Title: MGR
Name: COOSEMANS, DANIEL
Address: 1900 SUNSET HABOUR DRIVE 2ND FLOOR
City-St-Zip: MIAMI BEACH, FL 33139, FL 33139 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: DANIEL COOSEMANS

MGR

01/18/2011

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