

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052587

**FILED**  
**Mar 07, 2007**  
**Secretary of State**

**Entity Name:** FRAUD RECOVERY NETWORK, LLC

**Current Principal Place of Business:**

583 S. DUCAN AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

583 S. DUCAN AVE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-2921058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEHER, TIMOTHY J  
583 S DUNCAN AVE  
CLEARWATER, FL 33756 US

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

KELLEHER, TIMOTHY J MGRM  
583 S. DUNCAN AVE.  
CLEARWATER, FL 33756 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: TIMOTHY J. KELLEHER

03/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TIMOTHY JOHN KELLEHE, R  
Address: 2377 HANOVER DR.  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KELLEHER, TIMOTHY J MGRM  
Address: 879 ISLAND WAY  
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY J. KELLEHER

MGRM

03/07/2007

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