2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# L05000066595

Entity Name: SURPLUS RECOVERY SERVICES, LLC

Current Principal Place of Business:

6216 BOONE DR.
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6216 BOONE DR.
TAMPA, FL 33625

New Mailing Address:

5373 EHRLICH RD
206
TAMPA, FL 33625

FEI Number: 25-1920991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAUDLE, JOSEPH L
6216 BOONE DR.
TAMPA, FL 33625 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: MGRM ( ) Delete
Name: CAUDLE, JOSEPH L
Address: 6216 BOONE DR.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CAUDLE, JOSEPH L
Address: 6216 BOONE DR.
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH CAUDLE PRES 08/31/2007

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