

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000077396

1. Entity Name
RECOVERY MANAGEMENT SOLUTIONS, LLC



Principal Place of Business

**25 SE 2 AVE
1120
MIAMI, FL 33131**

Mailing Address

**25 SE 2 AVE
1120
MIAMI, FL 33131**



04292008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3270475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUREY, RICHARD B
200 SOUTH BISCAYNE BLVD
4900
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000941072

05/28/08-80122-017 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, ELEANOR
25 SE 2 AVE, STE 1120
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Eleanor Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **ELEANOR COHEN** Date

04.29.08 305 379 7674

Daytime Phone #