


FILED
Apr 26, 2007 8:00 am
Secretary of State

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03-30-2007 90035 030 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000027644		
1. Entity Name UNCLAIMED \$ RECOVERY, LLC		
Principal Place of Business 6385 PRESIDENTIAL COURT #102B FORT MYERS, FL 33919 US		Mailing Address 6385 PRESIDENTIAL COURT #102B FORT MYERS, FL 33919 US
3. Mailing Address 6249 Presidential Court Ste F Fort Myers, FL 33919 US		4. FEI Number 20-4496712
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HAGEN, JANET L 1362 KINGSWOOD COURT FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGEN, JANET L 1362 KINGSWOOD COURT FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.		
SIGNATURE: Janet L. Hagen _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		239-275-0808 _____ Daytime Phone #