

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105403

FILED
Jan 08, 2007
Secretary of State

Entity Name: SURPLUS FUNDS RECOVERY SPECIALISTS, LLC

Current Principal Place of Business:

4111 WESTMINSTER DR
SEBRING, FL 33875

New Principal Place of Business:

1111 U.S. HIGHWAY SOUTH
SEBRING, FL 33870

Current Mailing Address:

4111 WESTMINSTER DR
SEBRING, FL 33875

New Mailing Address:

1111 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870

FEI Number: 20-5794350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JEAN Y
4111 WESTMINSTER DR
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

KNOX, MICHAEL
1111 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870 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: MICHAEL KNOX

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, JEANY Y
Address: 4111 WESTMINSTER DR
City-St-Zip: SEBRING, FL 33875 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPBELL, JEAN Y
Address: 1111 U.S. HIGHWAY SOUTH
City-St-Zip: SEBRING, FL 33870 US

Title: MGRM () Change (X) Addition
Name: CAMPBELL, STEPHEN F
Address: 1111 U.S. HIGHWAY 27 SOUTH
City-St-Zip: SEBRING, FL 33872 US

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: JEAN Y CAMPBELL

MGRM

01/08/2007

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