2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L06000119267

Entity Name: A/R RETRIEVAL, LLC

Current Principal Place of Business:

10607 SW 8TH AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

10607 SW 8TH AVE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 11-3797968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAKEY, MICHAEL F ESQ.
5216 SW 91 DRIVE
GAINESVILLE, FL 32608 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:	SIMS, GREGORY S	
Address:	4920 SW 83RD TERRACE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	MGRM	( ) Delete
Name:	LOPER, JAMIE L	
Address:	108 SPRING LAKE TRAIL	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	MGRM	( ) Delete
Name:	BLAKEY, MICHAEL F	
Address:	5245 SW 103 DRIVE	
City-St-Zip:	GAINESVILLE, FL 32608	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GREGORY S SIMS MGRM 01/20/2009

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