

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117350

FILED
Apr 30, 2009
Secretary of State

Entity Name: ATTI RECOVERY SERVICES, LLC

Current Principal Place of Business:

1101 SOUTH EAST 12 AVE
SUITE B
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1101 SOUTH EAST 12 AVE
SUITE B
CAPE CORAL, FL 33990

New Mailing Address:

PO BOX 152575
CAPE CORAL, FL 33915

FEI Number: 24-1441864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIPKA, KERRI
1101 SOUTH EAST 12 AVE
SUITE B
CAPE CORAL, FL 33990 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: RIPKA, KERRI
Address: 1101 SOUTH EAST 12 AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

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: KERRI RIPKA

MM

04/30/2009

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