

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008822

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ASSET RECLAIM SERVICES, LLC.

**Current Principal Place of Business:**

15701 S.R. 50 SUITE #204  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

15701 S.R. 50 SUITE #204  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 26-1822370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRISCOLL, ANGELA  
15701 S.R. 50 SUITE #204  
CLERMONT, FL 34711 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  
**Name:** BAKSH, ALREYAS  
**Address:** 129 LOMBARD CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** BRISCOLL, ANGELA  
**Address:** 928 BRIDGEWAY BLVD.  
**City-St-Zip:** ORLANDO, FL 32828

I hereby 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:** ALREYAS BAKSH

MGRM

04/30/2010

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