

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024531

FILED
Apr 21, 2009
Secretary of State

Entity Name: INCOME RECOVERY SERVICE, LLC

Current Principal Place of Business:

2731 SW 36TH DR
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2731 SW 36TH DR
OCALA, FL 34474

New Mailing Address:

FEI Number: 26-2125218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, JUDY H
2731 SW 36TH DR
OCALA, FL 34474 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: SAPP, JUDY H
Address: 2731 SW 36TH DR
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: STARNER, AUDREY E
Address: 10500 SE 42ND CT
City-St-Zip: BELLEVIEW, FL 34420

Title: MGR () Delete
Name: EARNEST, ROBIN R
Address: 4251 SE 110TH ST
City-St-Zip: BELLEVIEW, FL 34420

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: JUDY H SAPP

MGRM

04/21/2009

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