

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024531

**FILED**  
**Apr 30, 2010**  
**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  
Name: SAPP, JUDY H  
Address: 2731 SW 36TH DR  
City-St-Zip: OCALA, FL 34474

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

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: JUDY H. SAPP

MGRM

04/30/2010

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