

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035356

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL RECOVERY MANAGEMENT, LLC

**Current Principal Place of Business:**

4117 HILLSBORO PIKE  
SUITE 103-328  
NASHVILLE, TN 37215 US

**New Principal Place of Business:**

**Current Mailing Address:**

4117 HILLSBORO PIKE  
STE 103 PMB 328  
NASHVILLE, TN 37215 US

**New Mailing Address:**

**FEI Number:** 30-0692723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAKLEY, WILLIAM R  
% STEPHEN STATION  
6077 SWALLOW DR  
LAKELAND, FL 33809 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: WEAKLEY, WILLIAM  
Address: 4117 HILLSBORO PIKE, SUITE 103-328  
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM  
Name: MARTIN, KENNETH  
Address: 4117 HILLSBORO PIKE, SUITE 103-328  
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM  
Name: ESTOCK, EMERALD  
Address: 4117 HILLSBORO PIKE, SUITE 103-328  
City-St-Zip: NASHVILLE, TN 37215

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: KENNETH MARTIN

MGRM

01/04/2012

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