

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036272

FILED
Jan 06, 2009
Secretary of State

Entity Name: USA EQUITY RECOVERY LLC

Current Principal Place of Business:

711 JACARANDA BLVD.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

711 JACARANDA BLVD.
VENICE, FL 34292

New Mailing Address:

711 JACARANDA BLVD
VENICE, F 34292

FEI Number: 26-2474708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HUEBNER, THOMAS
711 JACARANDA BLVD
VENICE, FL 34292 US

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: THOMAS F. HUEBNER

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUBENER, THOMAS
Address: 711 JACARANDA BLVD.
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: APISDORF, JUNE
Address: 711 JACARANDA BLVD.
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: HUBENER, NICHOLAS
Address: 711 JACARANDA BLVD.
City-St-Zip: VENICE, FL 34292

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: THOMAS F. HUEBNER

MGR

01/06/2009

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