

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044704

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** AMERICAN COST RECOVERY MANAGEMENT LLC

**Current Principal Place of Business:**

1515 NW 7TH PLACE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

1515 NW 7TH PLACE  
GAINESVILLE, FL 32603

**New Mailing Address:**

FEI Number: 26-2537624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ROBERT S  
1515 NW 7TH PLACE  
GAINESVILLE, FL 32603 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: COHEN, ROBERT S  
Address: 1515 NW 7TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM  
Name: SCHRUBEN, THOMAS J  
Address: 9705 KINGSTON ROAD  
City-St-Zip: KENSINGTON, MD 20895

Title: MGRM  
Name: COHEN, LEWIS A  
Address: 19 RED BARN LANE  
City-St-Zip: RANDOLPH, NJ 07869

Title: MGRM  
Name: COHEN, SETH B  
Address: 3015 ASPEN LANE  
City-St-Zip: FALLS CHURCH, VA 22042

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: ROBERT S COHEN

MEM

04/12/2012

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