

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053410

Entity Name: ALLSTAR RECOVERY, LLC

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

101 E. KENNEDY BLVD  
SUITE 3925  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

101 E. KENNEDY BLVD  
SUITE 3925  
TAMPA, FL 33602

**New Mailing Address:**

PO BOX 18503  
NATCHEZ, MS 39122

FEI Number: 26-2763420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALBA, RUSSELL T  
101 SOUTH FRANKLIN STREET  
SUITE 202  
TAMPA, FL 33602 US

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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: DELANIE CASE, ASST. SECRETARY

04/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALLSTAR SOUTHEAST, LLC  
Address: 319 MARKET ST  
City-St-Zip: NATCHEZ, MS 39120

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: ALLSTAR SOUTHEAST, LLC

MGRM

04/11/2011

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