2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084736

Name:

Address:

City-St-Zip:

JOHNSON, JAMES G

334 EAST LAKE ROAD, #282

PALM HARBOR, FL 34685

Entity Name: ASSET RECOVERY AND CONVERSION, LLC

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 334 EAST LAKE ROAD 13749 65TH STREET NORTH LARGO, FL 33771 #282 PALM HARBOR, FL 34685 **New Mailing Address: Current Mailing Address:** 334 EAST LAKE ROAD #282 PALM HARBOR, FL 34685 FEI Number: 26-3299666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKER, GARY H 3993 ARLINGTON DRIVE PALM HARBOR, FL 34685 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JOHNSON, DEBBE L Name: Name: 334 EAST LAKE ROAD, #282 Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ELLER, CONNIE L Name: Address: 9639 41ST STREET N. Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ELLER, TERRANCE M Name: Name: Address: 1348 LAUREL GLEN DRIVE Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBBE L. JONSON MGRM 03/18/2009