2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ALL OUT RECOVERY LLC

Current Principal Place of Business:

15741 CORAL VINE LANE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50759
FORT MYERS, FL 33994 US

New Mailing Address:

FEI Number: 94-3448498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, JONATHAN S
15741 CORAL VINE LN
FORT MYERS, FL 33905 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: MGR
Name: STAHL, MARK
Address: 14110 CHERRY DALE ST.
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR
Name: REYES, JONATHAN S
Address: 15741 CORAL VINE LN.
City-St-Zip: FORT MYERS, FL 33905 US

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 Statues.

SIGNATURE: JONATHON REYES MGR 03/09/2011

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