

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024944

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA RECOVERY CREDIT SERVICES L.L.C.

**Current Principal Place of Business:**

2974 HARTLEY RD  
SUITE 3  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600920  
JACKSONVILLE, FL 32260

**New Mailing Address:**

**FEI Number:** 80-0371075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHAEFFER, STEVEN E  
2974 HARTLEY RD  
SUITE 3  
JACKSONVILLE, FL 32257 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: PRES  
Name: SCHAEFFER, STEVEN E  
Address: 2974 HARTLEY RD SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32257

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: ERIC SCHAEFFER

PRES

01/04/2012

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