

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054360

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** FORECLOSURE ASSISTANCE AND RECOVERY, LLC

**Current Principal Place of Business:**

1520 BLUE POINT AVENUE  
103  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 BLUE POINT AVENUE  
103  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 27-0308947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAIG D. BLUME, P.A.  
800 HARBOUR DRIVE  
NAPLES, FL 34103 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:** BELZ, JOE  
**Address:** 1520 BLUE POINT AVENUE #103  
**City-St-Zip:** NAPLES, FL 34102 US

**Title:** MGR  
**Name:** MUELLER, RAND  
**Address:** 173 TOPANGA DR  
**City-St-Zip:** BONITA SPRINGS, FL 34134 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 Statutes.

**SIGNATURE:** JOE BELZ

MGR

05/01/2011

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