

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084486

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** ACCESS RECOVERY SOLUTIONS, LLC

**Current Principal Place of Business:**

277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 27-0861631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

CASSIDY, PAUL  
277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405 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:** PAUL CASSIDY

02/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ROGERS, SHAREL  
**Address:** 277 FOREST PARK CIRCLE  
**City-St-Zip:** PANAMA CITY, FL 32405

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:** SHAREL R. ROGERS

MGR

02/09/2011

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