

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084486

**FILED**  
**Mar 21, 2012**  
**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:**

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

03/21/2012

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