

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117572

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** LTC RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

1624 EAGLES LANDING BLVD  
APT # 88  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1624 EAGLES LANDING BLVD  
APT # 88  
TALLAHASSEE,, FL 32308

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WEST, CAMILE  
1624 EAGLES LANDING BLVD  
APT # 88  
TALLAHASSEE,, FL 32308 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LEWIS, PETER A JR.  
**Address:** 2701 WATERFROD GLEN COURT  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** MGR  
**Name:** WEST, CAMILLE  
**Address:** 1624 EAGLES LANDING BLVD, APT 88  
**City-St-Zip:** TALLAHASSEE, FL 32308

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: PETER A LEWIS

MGRM

05/03/2010

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