

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003171

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** DIVERSIFIED ASSET RECOVERY LLC

**Current Principal Place of Business:**

987 JOSIANE COURT  
1052  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

2700 HAZELHURST AVE  
ORLANDO, FL 32804

**Current Mailing Address:**

987 JOSIANE COURT  
1052  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

2700 HAZELHURST AVE  
ORLANDO, FL 32804

**FEI Number:** 27-1581701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, JAMES P  
1348 DEER LAKE CIRCLE  
APOPKA, FL 32712 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:** MGRM  
**Name:** QUINN, JAMES P  
**Address:** 1348 DEER LAKE CIRCLE  
**City-St-Zip:** APOPKA, FL 32712

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:** JAMES P QUINN

MGRM

04/19/2011

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