

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028092

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN RECOVERY OF SW FL, LLC

**Current Principal Place of Business:**

2978 BOWSPRIT LANE  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

2978 BOWSPRIT LANE  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

**FEI Number:** 27-2260165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, CHARLES ESQ.  
1633 SE 47TH TERRACE  
CAPE CORAL, FL 33904 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: SPALLONE, VINCENT  
Address: 2978 BOWSPRIT LANE  
City-St-Zip: ST. JAMES CITY, FL 33956

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: VINCENT SPALLONE

MGRM

02/25/2011

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