

DOCUMENT# L10000117891

Entity Name: RECOVERY MANAGEMENT SERVICES, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FBI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: GARCIA, PEDRO M
Address: 500 E BROWARD BOULEVARD, SUITE 1820
City-St-Zip: FT LAUDERDALE, FL 33394

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: PEDRO GARCIA

MGR

04/29/2011

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