

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000117891

**FILED**  
**Jun 09, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

500 E BROWARD BOULEVARD  
SUITE 1820  
FT LAUDERDALE, FL 33394

**New Principal Place of Business:**

1430 NW 15 AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

500 E BROWARD BOULEVARD  
SUITE 1820  
FT LAUDERDALE, FL 33394

**New Mailing Address:**

1430 NW 15 AVENUE  
MIAMI, FL 33125

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELCH, EDWARD J ESQUIRE  
500 E BROWARD BOULEVARD  
SUITE 1820  
FT LAUDERDALE, FL 33391 US

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

GARCIA, PEDRO  
1430 NW 15 AVENUE  
MIAMI, FL 33125 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: PEDRO GARCIA

06/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARCIA, PEDRO M  
Address: 1430 NW 15 AVENUE  
City-St-Zip: MIAMI, FL 33125

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

06/09/2011

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