2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L10000127439

Entity Name: ASSOCIATES D & P COLLATERAL RECOVERY SPECIALISTS, LLC

Current Principal Place of Business:

840 PEACEFUL DRIVE
NORTH FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

840 PEACEFUL DRIVE
NORTH FT MYERS, FL 33917

New Mailing Address:

FEI Number: 27-4153931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, PHIL R
840 PEACEFUL DRIVE
NORTH FT MYERS, FL 33917 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: MGR
Name: CARTER, PHIL R
Address: 840 PEACEFUL DRIVE
City-St-Zip: NORTH FT MYERS, FL 33917

Title: MGRM
Name: HOPP, DON WM
Address: 840 PEACEFUL DRIVE
City-St-Zip: NORTH FT MYERS, FL 33917

Title: MGRM
Name: HOPP, ELSIE M
Address: 840 PEACEFUL DRIVE
City-St-Zip: NORTH FT MYERS, FL 33917

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 Statues.

SIGNATURE: PHIL R. CARTER PRES 02/16/2011

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