

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081008

**FILED**  
**Sep 19, 2012**  
**Secretary of State**

**Entity Name:** CHECK RECOVERY GROUP LLC

**Current Principal Place of Business:**

17 E. 43RD ST. STE. 6  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

17 E. 43RD ST.  
SUITE 6  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

17 E. 43RD ST. STE. 6  
JACKSONVILLE, FL 32208

**New Mailing Address:**

17 E. 43RD ST.  
SUITE 6  
JACKSONVILLE, FL 32208

**FEI Number:** 45-2747851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEAL, KATINA  
5959 FT CAROLINE RD # 1004  
JACKSONVILLE, FL 32277 US

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

NEAL, KATINA  
5959 FT CAROLINE RD  
APT. 1004  
JACKSONVILLE, FL 32277 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:

09/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NEAL, KATINA  
Address: 5959 FT CAROLINE RD # 1004  
City-St-Zip: JACKSONVILLE, FL 32277

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: KATINA NEAL

OWNE

09/19/2012

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