

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120038

FILED
Mar 02, 2012
Secretary of State

Entity Name: SOUTH FLORIDA RECOVERY MANAGEMENT LLC

Current Principal Place of Business:

6386 S.W. 9TH STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6386 S.W. 9TH STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 45-3640840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESTOPINAN, ELIO F
6386 S.W. 9TH STREET
MIAMI, FL 33144 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: ESTOPINAN, ELIO F
Address: 6386 S.W. 9TH STREET
City-St-Zip: MIAMI, FL 33144

Title: MGRM
Name: FOX, MICHAEL
Address: 6386 S.W. 9TH STREET
City-St-Zip: MIAMI, FL 33144

Title: MGRM
Name: GRIFFITH, BRIAN
Address: 6386 S.W. 9TH STREET
City-St-Zip: MIAMI, FL 33144

Title: MGRM
Name: GRIFFITH, TRAVIS
Address: 6386 S.W. 9TH STREET
City-St-Zip: MIAMI, FL 33144

Title: MGRM
Name: LETO, JAMES
Address: 6386 S.W. 9TH STREET
City-St-Zip: MIAMI, FL 33144

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: ELIO F. ESTOPINAN

MGRM

03/02/2012

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