

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140939

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** ASSETS RECOVERY 25, LLC

**Current Principal Place of Business:**

1900 SUNSET HARBOUR DRIVE  
2ND FLOOR  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1900 SUNSET HARBOUR DRIVE  
2ND FLOOR  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 45-4058737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSETS RECOVERY 23, LLC  
1900 SUNSET HARBOUR DRIVE  
2ND FLOOR  
MIAMI BEACH, FL 33139 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:** ASSETS RECOVERY 23, LLC  
**Address:** 1900 SUNSET HARBOUR DRIVE, 2ND FL  
**City-St-Zip:** MIAMI BEACH, FL 33139 US

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: JAMES FRATANGELO

MGR

03/29/2012

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