

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90002 033 ****55.00

DOCUMENT # L99000006922

1. Entity Name

COST RECOVERY SERVICES, LLC

Principal Place of Business

**2603 NW 13TH STREET #311
 GAINESVILLE FL 32609-2835**

Mailing Address

**2603 NW 13TH STREET #311
 GAINESVILLE FL 32609-2835**

2. Principal Place of Business

PO BOX 926

3. Mailing Address

PO BOX 926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELROSE FL

City & State

MELROSE FL

Zip

32666

Country

USA

Zip

32666

Country

USA

6. Name and Address of Current Registered Agent

**TILLERY, REID F
 142 PEARSALL CIRCLE
 MELROSE FL 32666**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MEM** ☐ Delete
 NAME **TILLERY, REID F**
 STREET ADDRESS **142 PEARSALL CIRCLE**
 CITY-ST-ZIP **MELROSE FL 32366**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

REID F TILLERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Apr 17, 2002 352-475-1061

CR2E083 (9/01)