

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000088

FILED
Jan 04, 2007
Secretary of State

Entity Name: NERS/COLLATERAL RECOVERY SPECIALIST., LLC

Current Principal Place of Business:

255 MAIN ST RM#309
PAWTUCKET, RI 02860

New Principal Place of Business:

500 WATERMAN AVE
308
EAST PROVIDENCE, RI 02914

Current Mailing Address:

P.O. BOX 1743
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 05-0508429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IZZO SR, FRANK
PO BOX 1743
PALM HARBOR, FL 34682 US

Name and Address of New Registered Agent:

IZZO SR, FRANK
3277 FOX CHASE CIRCLE
210
PALM HARBOR, FL 34683 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: FRANK IZZO SR

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IZZO, FRANK SR
Address: PO BOX 1743
City-St-Zip: PALM HARBOR, FL 34682

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK IZZO SR

MGR

01/04/2007

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