

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000088

FILED
Jan 16, 2009
Secretary of State

Entity Name: NERS/COLLATERAL RECOVERY SPECIALIST., LLC

Current Principal Place of Business:

500 WATERMAN AVE
308
EAST PROVIDENCE, RI 02914

New Principal Place of Business:

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
3277 FOX CHASE CIRCLE
210
PALM HARBOR, FL 34683 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 () 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 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

MGRM

01/16/2009

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