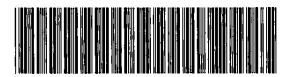
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: A.R.C. Accounts Recovery (U.S.A.) Corporation LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle MacDonald

Name of Person

A.R.C. Accounts Recovery (U.S.A.) Corporation LLC

Firm/Company

4240 Glanford Avenue

Address

Victoria, BC V8Z 4B8

City/State and Zip Code

michelle.macdonald@arc.ca

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle MacDonald

at (866) 427-3658 x1047

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■\$25 Filing Fee

☐ \$30 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability companies. Department of State is: A.R.C. Accounts Recovery	ny as it appears on the records of t (U.S.A.) Corporation LLC	he Florida		
2. This entity was formed under the laws of	f: Delaware		<u>_</u> .	
3. This entity was authorized to transact bu and its Florida document/registration number	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
4. The name and address of each manager of	or managing member is as follows	3:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Michael Ogilvie			
	700-1001 Sherbrooke Street			
	Montreal, QC H2L 1L3 Canada		—	
MCDM				
MGRM	Jim Novosad		در:	
	5059 E. Oakhurst Way	r- ,		
	Scottsdale, AZ 85254	r". '	<u> </u>	
MGRM	Joe Polard		<u>်</u>	
•	4240 Glanford Avenue		-	
	Victoria, BC V8Z 4B8 Canada	11		
MGRM	Karen Lundstrom]; - -	
	4240 Glanford Avenue	-3.		
	Victoria, BC V8Z 4B8 Canada		_	
MGRM	Michelle MacDonald			
_	4240 Glanford Avenue			
	Victoria, BC V8Z 4B8 Canada			
Required Signature: Mihelle M Signature of Manager,	Managing Member or Member		_	

Filing Fee: \$25