

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002709

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** LEADING EDGE RECOVERY SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

5440 N. CUMBERLAND AVE.  
SUITE 300  
CHICAGO, IL 60656

**New Principal Place of Business:**

**Current Mailing Address:**

5440 N. CUMBERLAND AVE.  
SUITE 300  
CHICAGO, IL 60656

**New Mailing Address:**

**FEI Number:** 41-2098248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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:** LUBECK, BRYAN  
**Address:** 5440 N. CUMBERLAND AVE., SUITE 300  
**City-St-Zip:** CHICAGO, IL 60656

**Title:** MGR  
**Name:** CREWS, JAMES D.  
**Address:** 5440 N. CUMBERLAND AVE., SUITE 300  
**City-St-Zip:** CHICAGO, IL 60656

**Title:** MGR  
**Name:** CREWS, CARTER B>  
**Address:** 5440 N. CUMBERLAND AVE., SUITE 300  
**City-St-Zip:** CHICAGO, IL 60656

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:** BRYAN LUBECK

MGR

05/01/2012

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