

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006924

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** QUALITY ASSET RECOVERY, LLC

**Current Principal Place of Business:**

7 FOSTER AVENUE, SUITE 101  
GIBBSBORO, NJ 08026

**New Principal Place of Business:**

**Current Mailing Address:**

7 FOSTER AVENUE, SUITE 101  
GIBBSBORO, NJ 08026

**New Mailing Address:**

**FEI Number:** 52-2387838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: PETERS, TAMMY  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

Title: MGRM  
Name: STELLER, LAWRENCE  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

Title: MGRM  
Name: HEHN, CHARLES  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

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: LARRY STELLER

MGRM

04/05/2010

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