

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006633

FILED  
Mar 24, 2007  
Secretary of State

Entity Name: 1ST NATIONAL RECOVERY SOLUTIONS, LLC

**Current Principal Place of Business:**

5497 BROADWAY STREET  
LANCASTER, NY 14086

**New Principal Place of Business:**

**Current Mailing Address:**

5497 BROADWAY STREET  
LANCASTER, NY 14086

**New Mailing Address:**

FEI Number: 03-0571900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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 ( ) Delete  
Name: MARANO, VINCENZO  
Address: 5497 BROADWAY STREET  
City-St-Zip: LANCASTER, NY 14086

Title: MGR ( ) Delete  
Name: RUSSILLIO, JAMES  
Address: 2732 TRANSIT ROAD  
City-St-Zip: WEST SENECA, NY 14224

Title: MGR ( ) Delete  
Name: CICHOCKI, KEVIN  
Address: 2732 TRANSIT ROAD  
City-St-Zip: WEST SENECA, NY 14224

**ADDITIONS/CHANGES:**

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

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

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: VINCENZO MARANO

COO

03/24/2007

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