

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006633

FILED
Feb 17, 2009
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:

COLLECTION LICENSING, LLC
P. O. BOX 33797
NORTHGLENN, CO 80233

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: MGRM () Delete
Name: MARANO, VINCENZO
Address: 5497 BROADWAY STREET
City-St-Zip: LANCASTER, NY 14086

Title: MGRM () Delete
Name: RUSSILLIO, JAMES
Address: 5497 BROADWAY STREET
City-St-Zip: LANCASTER, NY 14086

Title: MGRM () Delete
Name: CICHOCKI, KEVIN
Address: 5497 BROADWAY STREET
City-St-Zip: LANCASTER, NY 14086

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 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

MGRM

02/17/2009

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