

DOCUMENT# M07000004153

Entity Name: RECOVERY MANAGEMENT, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: SMITH, STUART P
Address: 400 S. 4TH STREET, 3RD FLOOR
City-St-Zip: LAS VAGAS, NV 89101

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: STUART P. SMITH

MGR

01/06/2010

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