

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 032 ***138.75

DOCUMENT # M07000005194

1. Entity Name
FIRST INTEGRAL RECOVERY, LLC



Principal Place of Business
**9898 BISSONNET ST., SUITE 670
HOUSTON, TX 77036**

Mailing Address
**9898 BISSONNET ST., SUITE 670
HOUSTON, TX 77036**

60016612



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0559652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOLBERT, ATIM R
9898 BISSONNET ST., SUITE 670
HOUSTON, TX 77036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
L'WAL, OMOTAYO
9898 BISSONNET ST., SUITE 670
HOUSTON, TX 77036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOTT, ANTOINETTE
9898 BISSONNET ST., SUITE 670
HOUSTON, TX 77036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



DENISE AYALA
MY COMMISSION EXPIRES
August 11, 2008

Denise Ayala

Date

Daytime Phone #

03-9-08

ATTACHMENT

60016612

COLLECTION LICENSING, LLC

Robert Powell, CEO

10500 Irma Dr., #7-105
Northglenn, CO 80233

Phone: (303) 451-1586
Fax: (303) 451-1907

robert@collectionlicensing.com
www.collectionlicensing.com

March 19, 2008

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

Re: First Integral Recovery, LLC
Annual Report Document #M07000005194

Dear Gentlepeople:

The paperwork and check for the appropriate fees effectuating the business registration annual report for the above referenced foreign limited liability company is enclosed.

If there are any problems with the attached paperwork, please allow me the professional courtesy of resolving any deficiencies before returning the paperwork to me. If you have any further questions or concerns regarding this filing, please contact me via email robert@collectionlicensing.com or call at 303-451-1586.

Once the renewal registration certificate has been issued, please forward it to my attention at the above address using the enclosed S.A.S.E..

Very truly yours,

Robert D. Powell

Robert Powell
Licensing Administrator

Enclosures

S.A.S.E.