2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

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Entity Name: RECOVERY MANAGER PRO, LLC

Current Principal Place of Business:

725 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

725 SOUTH NOVA ROAD
101
ORMOND BEACH, FL 32174

Current Mailing Address:

725 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

725 SOUTH NOVA ROAD
101
ORMOND BEACH, FL 32174

FEI Number: 27-0764831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: MVCONNECT, LLC
Address: 260 EAST HELEN ROAD
City-St-Zip: PALATINE, IL 60067

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 Statues.

SIGNATURE: SCOTT JACKSON MGR 04/19/2012

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