

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004181

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** MHI RECOVERY MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

410 W FRANCIS ST  
WILLIAMSBURG, VA 23185

**New Principal Place of Business:**

**Current Mailing Address:**

410 W FRANCIS ST  
WILLIAMSBURG, VA 23185

**New Mailing Address:**

**FEI Number:** 27-1183928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** SIMS, ANDREW M  
**Address:** 410 W FRANCIS ST  
**City-St-Zip:** WILLIAMSBURG, VA 23185

**Title:** MGR  
**Name:** FOLSOM, DAVID R  
**Address:** 410 W FRANCIS ST  
**City-St-Zip:** WILLIAMSBURG, VA 23185

**Title:** MGR  
**Name:** ZAISER, WILLIAM J  
**Address:** 11200 ROCKVILLE PIKE #130  
**City-St-Zip:** NORTH BETHESDA, MD 20852

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:** WILLIAM J ZAISER

MGR

04/14/2011

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