

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000126

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** ACCOUNT RESOLUTION GROUP, LLC

**Current Principal Place of Business:**

4705 NEW HORIZON BLVD.  
STE 7  
BAKERSFIELD, CA 933132369

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10345  
BAKERSFIELD, CA 933890345

**New Mailing Address:**

**FEI Number:** 27-1397206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** MGRM  
**Name:** SHAWWA, SAMI  
**Address:** 4705 NEW HORIZON BLVD., STE 7  
**City-St-Zip:** BAKERSFIELD, CA 933132369

**Title:** MGRM  
**Name:** SHAWWA, MAI  
**Address:** 4705 NEW HORIZON BLVD., STE 7  
**City-St-Zip:** BAKERSFIELD, CA 933132369

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:** SAMI SHAWWA

MGRM

04/05/2012

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