

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000847

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** ASSET ACCEPTANCE SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

28405 VAN DYKE AVENUE  
WARREN, MI 48093

**New Principal Place of Business:**

**Current Mailing Address:**

28405 VAN DYKE AVENUE  
WARREN, MI 48093

**New Mailing Address:**

PO BOX 2084  
WARREN, MI 480902084

**FEI Number:** 27-4401761

**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: MGR  
Name: NEEDS, RION B  
Address: 28405 VAN DYKE AVENUE  
City-St-Zip: WARREN, MI 48093

Title: MGR  
Name: SIMPSON, REID E  
Address: 28405 VAN DYKE AVENUE  
City-St-Zip: WARREN, MI 48093

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: REID E. SIMPSON

MGR

06/12/2012

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