

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001566

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** PORTFOLIO RECOVERY ASSOCIATES, LLC

**Current Principal Place of Business:**

120 CORPORATE BLVD.  
NORFOLK, VA 23502

**New Principal Place of Business:**

**Current Mailing Address:**

120 CORPORATE BLVD.  
NORFOLK, VA 23502

**New Mailing Address:**

FEI Number: 54-1794735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
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: MGRM  
Name: PORTFOLIO RECOVERY ASSOCIATES, INC.  
Address: 120 CORPORATE BLVD.  
City-St-Zip: NORFOLK, VA 23502

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: PORTFOLIO RECOVERY ASSOCIATES, INC.

MGRM

03/27/2012

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