

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002806

**FILED**  
**Jul 31, 2012**  
**Secretary of State**

**Entity Name:** FRONTLINE RECOVERY GROUP LLC

**Current Principal Place of Business:**

270 NORTHPOINTE PARKWAY  
SUITE 30  
AMHERST, NY 14228

**New Principal Place of Business:**

455 COMMERCE DRIVE  
SUITE 7  
AMHERST, NY 14228

**Current Mailing Address:**

270 NORTHPOINTE PARKWAY  
SUITE 30  
AMHERST, NY 14228

**New Mailing Address:**

455 COMMERCE DRIVE  
SUITE 7  
AMHERST, NY 14228

**FEI Number:** 27-1860951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES INC  
515 EAST 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: WESTERMEYER, ERIC  
Address: 270 NORTHPOINTE PARKWAY, SUITE 30  
City-St-Zip: AMHERST, NY 14228

Title: MGR  
Name: THOMPSON, JOSEPH  
Address: 270 NORTHPOINTE PARKWAY, SUITE 30  
City-St-Zip: AMHERST, NY 14228

Title: MGR  
Name: BUZAK, JASON  
Address: 270 NORTHPOINTE PARKWAY, SUITE 30  
City-St-Zip: AMHERST, NY 14228

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: ERIC WESTERMEYER

MGR

07/31/2012

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