2001 UNIF	ORM BUSINESS REPORT	(UBR)
OCUMENT #	MOROCOCCE	

Magnnnnnn 1. Entity Name FILED AMERICAN ROAD RECOVERY, L.L.C. JAN 22 PM 2: 21 Principal Place of Business Mailing Address SECRETARY OF STATE 1335 SOUTH CLEARVIEW AVENUE P.O. BOX 6508 TALLAHASSEE, FLORIDA **MESA AZ 85208** MESA AZ 85216-6508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3384150 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES ☐ Delete TITLE MGRM Change Addition NAME NAME FORD MOTOR CREDIT COMPANY 300003582623--STREET ADDRESS STREET ADDRESS THE AMERICAN ROAD -01/26/01--01149--026 City-ST-ZIP CITY-ST-ZIP DEARBORN MI 48121 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-% CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and according and that my 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 provided for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

Pierce, Attorny-in-fact Ford SIGNATURE: Kathteen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Motor

NAME

STREET ADDRESS

CITY-ST-ZIP

1/16/01