

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117350

**Entity Name:** ATTI RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

1101 SOUTH EAST 12 AVE  
SUITE B  
CAPE CORAL, FL 33990

**Current Mailing Address:**

PO BOX 299  
MORRISVILLE, PA 19067

**FEI Number:** 24-1441864

**Certificate of Status Desired:** Yes

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

RIPKA, KERRI  
1101 SOUTH EAST 12 AVE  
SUITE B  
CAPE CORAL, FL 33990 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name RIPKA, KERRI  
Address 1101 SOUTH EAST 12 AVE  
City-State-Zip: CAPE CORAL FL 33990

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KERRI RIPKA

MGRM

01/08/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date