

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059153

Entity Name: BLACKMAPLE PROVIDER RECOVERY GROUP, LLC

Current Principal Place of Business:

4581 WESTON ROAD
263
WESTON, FL 33331

Current Mailing Address:

4581 WESTON ROAD
263
WESTON, FL 33331 US

FEI Number: 27-2780346

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLD, JEFF
4581 WESTON ROAD
263
WESTON, FL 33331 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 PRESIDENT
Name BLACKMAPLE INC
Address 4581 WESTON ROAD
 263
City-State-Zip: WESTON FL 33331

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON KRUTCHIK

REP

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date