

**2013 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 MGRM  
Name STONE CREEK CONSULTING, INC.  
Address 5780 STONE CREEK WAY  
City-State-Zip: SOUTHWEST RANCHES FL 33330

Title MGRM  
Name MARK STEVENS ENTERPRISES, INC.  
Address 9571 LIBERTY CHURCH ROAD  
City-State-Zip: BRENTWOOD TN 37027

Title MGRM  
Name LEAA CONSULTING, INC.  
Address 8001 GOLFERS OASIS DRIVE  
City-State-Zip: LAS VEGAS NV 89149

Title MGRM  
Name BLACKMAPLE HOLDINGS, LLC  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JON KRUTCHIK

**MGR**

**04/23/2013**

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

\_\_\_\_\_  
Date