



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 132169		2. Exact name of the limited liability company Redline Recovery Services, LLC	
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island COLLECTION AGENCY	
5. Principal office address 1145 Sanctuary Parkway, Suite 350		City Alpharetta	State GA
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael Fletcher		Contact Title MANAGER	Zip 30004
Street Address 2350 North Forest Road, Ste 31B		City Getzville	State NY
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 14068	
Manager Name Michael Fletcher		Manager Name	
Street Address 2350 North Forest Road, Ste 31B		Street Address	
City Getzville	State Ny	Zip 14068	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LEXISNEXIS DOCUMENT SOLUTIONS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date 9-7-07
Check No. 5780
By: MFC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[Signature] 9/5/07
Signature of Authorized Person Date
Michael Fletcher
Print or Type Name of Authorized Person