



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 444689		2. Exact name of the limited liability company DTA Solutions LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Consumer Debt Collection Agency	
5. Principal office address 8313 Whitley Road, Suite A		City Watauga	State Texas
		Zip 76148	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Derrick M. Shelton		Contact Title Business Analyst	
Street Address 8313 Whitley Road, Suite A		City Watauga	State Texas
		Zip 76148	
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"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City Watauga		State	Zip 762256
Manager Name		Manager Name	
Street Address		Street Address	
City		State	Zip
City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

SEP 29 2011

By 153173
DS

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

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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 of Authorized Person

9/19/11
Date

Jason A. Pinson

Print or Type Name of Authorized Person

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	