2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000021545

1. Entity Name
S.C. RECOVERY, LLC

Principal Place of Business	Mailing Address
333 SANDY SPRINGS CIRCLE STE. 230 ATLANTA, GA 30328	333 SANDY SPRINGS CIRCLE STE. 230 ATLANTA, GA 30328

05092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3049200
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, EUGENE J ESQ.
1111 LINCOLN ROAD 4TH FLOOR
SUITE 400
MIAMI BEACH, FL 33139

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000C22BC
06/04/08-80077-003 538.75

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RAPAPORT, DAVID A
STREET ADDRESS	333 SANDY SPRINGS CIRCLE #230
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____ 05/14/08 404 257 9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #