

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020433

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** FORENSIC RECOVERY, LLC

**Current Principal Place of Business:**

12555 ORANGE DRIVE, STE. 241  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12555 ORANGE DRIVE, STE. 241  
DAVIE, FL 33330

**New Mailing Address:**

**FEI Number:** 65-1155874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEYOUNG, ROBERT F  
12555 ORANGE DRIVE, STE. 241  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DEYOUNG, ROBERT F  
**Address:** 696 NORTH STEWART LANE  
**City-St-Zip:** RISING FAWN, GA 30738

**Title:** MGRM  
**Name:** DEYOUNG, JOYE L  
**Address:** 696 NORTH STEWART LANE  
**City-St-Zip:** RISING FAWN, GA 30738

**Title:** MGRM  
**Name:** WEISS, AARON S  
**Address:** 5834 SW 116 AVENUE  
**City-St-Zip:** COOPER CITY, FL 33330

**Title:** MGRM  
**Name:** WEISS, ELIZABETH E  
**Address:** 5835 SW 116 AVENUE  
**City-St-Zip:** COOPER CITY, FL 33330

I hereby certify that the information indicated on this 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.

**SIGNATURE:** ROBERT F. DEYOUNG

MGRM

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date