

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000034257

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** HOME RECOVERY SYSTEMS, LLC

**Current Principal Place of Business:**

1346 EDEN ISLE BLVD. NORTHEAST  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

1346 EDEN ISLE BLVD. NORTHEAST  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 20-0908612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIEL, PAMELA M  
1346 EDEN ISLE BLVD. NORTHEAST  
ST. PETERSBURG, FL 33703 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:** MGR  
**Name:** DANIEL, PAMELA M  
**Address:** 1346 EDEN ISLE BLVD. NORTHEAST  
**City-St-Zip:** ST. PETERSBURG, FL 33703

**Title:** MGR  
**Name:** DANIEL, JAMES  
**Address:** 1346 EDEN ISLE BLVD NE  
**City-St-Zip:** ST PETERSBURG, FL 33703

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:** JAMES DANIEL

MGR

04/23/2010

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