

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072958

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** RECOVERY SERVICES GROUP LLC

**Current Principal Place of Business:**

18502 NE 5TH AVE.  
MIAMI, FL 33179

**New Principal Place of Business:**

2681 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

18502 NE 5TH AVE.  
MIAMI, FL 33179

**New Mailing Address:**

2681 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

**FEI Number:** 59-3788580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMPTON, RALPH E  
1890 SE 5TH CT  
POMPANO BEACH, FL 33060 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: HAMPTON, RALPH E  
Address: 2681 HAMMONDVILLE RD  
City-St-Zip: POMPANO BEACH, FL 33069

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: RALPH HAMPTON

MGR

04/30/2010

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