

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088166

FILED
May 01, 2009
Secretary of State

Entity Name: RECOIL ORTHOTICS, LLC

Current Principal Place of Business:

15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COOMBS, GERARD S
15830 KINGSMOOR WAY
SUITE 100
MIAMI LAKES, FL 33014 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CFO BUSINESS ADVISORS, LLC
Address: 15830 KINGSMOOR WAY STE 100
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: COOMBS, CLAUDIA C
Address: 14181 LEANING PINE DR.
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CLAUDIA C COOMBS

MGRM

05/01/2009

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