


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**


DOCUMENT # L05000010713  
1. Entity Name  
ADVANCED RECOVERY, LLC



Principal Place of Business  
218 W. SMITH STREET  
WINTER GARDEN, FL 34787

Mailing Address  
218 W. SMITH STREET  
WINTER GARDEN, FL 34787

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2498489	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLHOEFER, MONIQUE  
218 W. SMITH STREET  
WINTER GARDEN, FL 34787

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLLHOEFER, MONIQUE 218 W. SMITH ST WINTER GARDEN, FL 34787
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05/02/07-80089-015 55.00

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: Monique Bollhofer BMM 4/20/07 407 421 8848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #