2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L05000036869

Entity Name: FAMILY RECOVERY SERVICES LLC

Current Principal Place of Business:

20804 SW 95 AVE
ARCHER, FL 326168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 916
ARCHER, FL 326168

New Mailing Address:

FEI Number: 74-3160010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ARTHUR W JR
120 SW 250TH ST
NEWBERRY, FL 32669 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: MGMR
Name: MASAGEE, TOM
Address: 20804 SW 95 AVENUE
City-St-Zip: ARCHER, FL 32618

Title: MGR
Name: TOM, MASSAGEE
Address: 20804 SW 95 AVENUE
City-St-Zip: ARCHER, FL 32618

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 Statues.

SIGNATURE: TOM MASSAGEE MGR 04/29/2010

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