

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079043

FILED
Mar 09, 2009
Secretary of State

Entity Name: RECOVERY BALL INNOVATIONS, LLC

Current Principal Place of Business:

1860 GERONIMO TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

3211 SAN JACINTO CIRCLE
SANFORD, FL 32771

Current Mailing Address:

3211 SAN JACINTO CIRCLE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 43-2005388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARLIN, PHILIP A
125 S. SWOOPE AVENUE
SUITE 104
MAITLAND, FL 32751 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: MGRM () Delete
Name: CARLIN, NICHOLAS B
Address: 3211 SAN JACINTO CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: CAYO, JULIO C
Address: 1948 STONECREST CT.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

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

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: NICHOLAS CARLIN

MGR

03/09/2009

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