

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079043

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** RECOVERY BALL INNOVATIONS, LLC

**Current Principal Place of Business:**

3211 SAN JACINTO CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**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:**

CARLIN, PHILIP A  
213 S. SWOOPE AVENUE  
SUITE 104  
MAITLAND, FL 32751 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

04/11/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARLIN, NICHOLAS B  
Address: 3211 SAN JACINTO CIRCLE  
City-St-Zip: SANFORD, FL 32771

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

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: NICHOLAS CARLIN

MGR

04/11/2012

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