

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109796

FILED
Feb 05, 2008
Secretary of State

Entity Name: INTERNATIONAL RECOVERY & REMARKETING GROUP, LLC

Current Principal Place of Business:

237 NORTH CRYSTAL LAKE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

391 HERNDON AVENUE
SUITE F
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 149744
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 22-3918125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CAGE, KENNETH
391 HERNDON AVENUE
SUITE F
ORLANDO, FL 32803 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: KEN CAGE

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAGE, KENNETH
Address: 237 NORTH CRYSTAL LAKE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: WEEKS, ROBERT E JR.
Address: 237 NORTH CRYSTAL LAKE DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAGE, KENNETH
Address: 391 HERNDON AVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR (X) Change () Addition
Name: WEEKS, ROBERT E JR.
Address: 391 HERDON AVE
City-St-Zip: ORLANDO, FL 32803

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: KEN CAGE

MGR

02/05/2008

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