

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109796

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL RECOVERY & REMARKETING GROUP, LLC

**Current Principal Place of Business:**

391 HERNDON AVENUE  
SUITE F  
ORLANDO, FL 32803

**New Principal Place of Business:**

**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:**

CAGE, KENNETH  
391 HERNDON AVENUE  
SUITE F  
ORLANDO, FL 32803 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: MGR ( ) Delete  
Name: CAGE, KENNETH  
Address: 391 HERNDON AVE  
City-St-Zip: ORLANDO, FL 32803

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

**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: KENNETH E CAGE

MGR

02/02/2009

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