
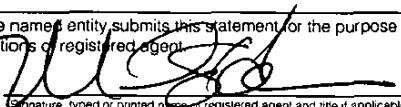
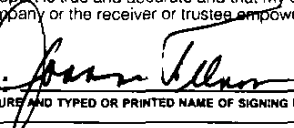


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90059 030 \*\*\*138.75

<b>DOCUMENT # L05000115971</b>					
<b>1. Entity Name</b> RECOVERY CONNECTION, LLC					
<b>Principal Place of Business</b> 4825 N. DIXIE HIGHWAY OAKLAND PARK, FL 33334			<b>Mailing Address</b> 4825 N. DIXIE HIGHWAY OAKLAND PARK, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b> 2701 GATEWAY DRIVE		<b>3. Mailing Address</b> 2701 GATEWAY DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> POMPANO BEACH, FL		<b>City &amp; State</b> POMPANO BEACH, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33069		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HELLMAN, MAYNARD 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City POMPANO BEACH FL Zip Code 33069		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE  MAYNARD HELLMAN 4/15/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TELMOSS, JOANNE 4825 N. DIXIE HIGHWAY OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 GATEWAY DRIVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b>  JOANNE TELMOSS			4/21/08 454 489 2580		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60030871



03312008 Chg-LLC CR2E083 (12/06)