## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000026449

Entity Name: RECAPTURING TIME, LLC.

FILED May 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1908 LAKE ALMA DRIVE APOPKA, FL 32712

**Current Mailing Address: New Mailing Address:** 

1908 LAKE ALMA DR P.O. BOX 15

APOPKA, FL 32712 US JOHNSON CITY, TN 37605

FEI Number: 20-4484471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DESALLE, SHARON 1908 LAKÉ ALMA DR APOPKA, FL 32712 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

DESALLE, SHARON DESALLE, SHARON Name: Name: Address: 1908 LAKE ALMA DR Address: P.O. BOX 15

City-St-Zip: LONGWOOD, FL 32779 US City-St-Zip: JOHNSON CITY, TN 37605 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: DESALLE, KEVIN Name: DESALLE, KEVIN Address: 1908 LAKE ALMA DR Address: P.O. BOX 15

JOHNSON CITY, TN 37605 US City-St-Zip: LONGWOOD, FL 32779 US 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: K DESALLE AS MGRM **MGRM** 05/03/2009