

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084625

FILED
Apr 27, 2010
Secretary of State

Entity Name: TAMPA HOUSE OF RECOVERY, LLC

Current Principal Place of Business:

15107 SOUTHFORK DR.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15107 SOUTHFORK DR.
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-5941592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASOFF, RUSSELL N
15107 SOUTHFORK DR.
TAMPA, FL 33624 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
Name: NASOFF, RUSSELL N
Address: 15107 SOUTHFORK DR.
City-St-Zip: TAMPA, FL 33624

Title: MGRM
Name: NASOFF, CARLENE M
Address: 15107 SOUTHFORK DR.
City-St-Zip: TAMPA, FL 33624

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: RUSSELL N. NASOFF

MGR

04/27/2010

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