

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000097085

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** RECOVERY AVIATION, L.L.C.

**Current Principal Place of Business:**

15810 BOEING COURT  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

15810 BOEING COURT  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SCHORR, M. GARY  
15810 BOEING COURT  
WELLINGTON, FL 33414 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: MGRM ( ) Delete  
Name: SCHORR, M. GARY  
Address: 15810 BOEING COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete  
Name: CONKLIN, MARK  
Address: 1897 PALM BEACH LAKES BLVD., #207  
City-St-Zip: WEST PALM BEACH, FL 33409

**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:** M. GARY SCHORR

MGRM

04/23/2008

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