2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L07000106737

Entity Name: TRI-COUNTY RECOVERY OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

1650 S RONALD REAGAN BLVD
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1620 FOREST AVENUE
LONGWOOD, FL 32750

Current Mailing Address:

7025 CR 46A
1071-111
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 26-1280898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOLTA, ANTONIO J
7025 CR 46A
1071-111
LAKE MARY, FL 32746 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: VOLTA, ANTONIO J
Address: 7025 CR 46A # 1071-111
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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: ANTONIO J VOLTA MGR 01/22/2009

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