

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112632

Entity Name: SECON RECOVERY LLC

FILED
Aug 08, 2008
Secretary of State

Current Principal Place of Business:

2525 W. TENNESSEE
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16097
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 77-0708432 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:

SECHRIST, MONICA
2525 W. TENNESSEE
TALLAHASSEE, FL 32304 US

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: SECHRIST, PAUL
Address: 2525 W. TENNESSEE
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: SECHRIST, MONICA
Address: 2525 W. TENNESSEE
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: GALOFRE, RICARDO
Address: 2525 W. TENNESSEE
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: GALOFRE, TOMAS
Address: 2525 W. TENNESSEE
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL SECHRIST

MGRM

08/08/2008

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