2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# L07000112632

Entity Name: SECON RECOVERY LLC

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:

SECHRIST, MONICA
2525 W. TENNESSEE
TALLAHASSEE, FL 32304 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:	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: MONICA SCHRIST MGRM 05/14/2009

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