

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112632

Entity Name: SECON RECOVERY LLC

FILED
May 03, 2010
Secretary of State

Current Principal Place of Business:

2525 W. TENNESSEE
TALLAHASSEE, FL 32304

New Principal Place of Business:

6013 BLOUNSTOWN HWY 20
TALLAHASSEE, FL 32310

Current Mailing Address:

P.O. BOX 16097
TALLAHASSEE, FL 32317

New Mailing Address:

P>O> BOX 16097
TALLAHASSEE, FL 32317

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:

SECHRIST, PAUL W
6013 BLOUNSTOWN HWY 20
TALLAHASSEE, FL 32310 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: PAUL SECHRIST

05/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SECHRIST, MONICA
Address: 6013 BLOUNSTOWN HWY 20
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM
Name: GALOFRE, RICARDO
Address: 6013 BLOUNSTOWN HWY 20
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM
Name: GALOFRE, TOMAS
Address: 6013 BLOUNSTOWN HWY 20
City-St-Zip: TALLAHASSEE, FL 32304

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: MONICA SECHRIST

MGR

05/03/2010

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