

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022468

Entity Name: MDH RECOVERY LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

1065 HWY 92 WEST  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 91041  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 26-2087794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAIRE, MICHAEL D  
1066 HWY 92 WEST  
AUBURNDALE, FL 33823 US

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

HAIRE, MICHAEL D  
1066 US HIGHWAY 92 WEST  
AUBURNDALE, FL 33805 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: MICHAEL HAIRE

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAIRE, MICHAEL D  
Address: 1066 HWY 92 WEST  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: HAIRE, MICHAEL D  
Address: 1066 HWY 92 WEST  
City-St-Zip: AUBURNDALE, FL 33823

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: MICHAEL HAIRE

CEO

04/14/2009

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