

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035356

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** CAPITAL RECOVERY MANAGEMENT, LLC

**Current Principal Place of Business:**

550 BUMBY AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

550 BUMBY AVE.  
105  
ORLANDO, FL 32803

**Current Mailing Address:**

PO BOX 536575  
ORLANDO, FL 32853

**New Mailing Address:**

**FEI Number:** 26-2567620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAKLEY, WILLIAM R  
42680B LAKE UNDERHILL RD.  
ORLANDO, FL 32803 US

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

WEAKLEY, WILLIAM R  
4268 B LAKE UNDERHILL RD.  
ORLANDO, FL 32803 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:

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEAKLEY, WILLIAM  
Address: P.O. BOX 536575  
City-St-Zip: ORLANDO, FL 328536575

**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: WILLIAM R WEAKLEY

MGMR

02/04/2009

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