

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037103

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** RECOVERED RESOURCES GROUP, LLC

**Current Principal Place of Business:**

15412 YELLOW BLUFF RD  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15670  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 01-0948170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKS, JOHN F  
15412 YELLOW BLUFF RD  
JACKSONVILLE, FL 32226 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  
**Name:** BROOKS, JOHN F  
**Address:** 15412 YELLOW BLUFF RD  
**City-St-Zip:** JACKSONVILLE, FL 32226

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:** JOHN F. BROOKS

MGR

03/04/2011

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