

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100115

Entity Name: RECOVERY GREEN, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2077 LIVE OAK BOULEVARD  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

5747 CROWNTREE LN APT 102  
ORLANDO, FL 32829 US

**Current Mailing Address:**

2077 LIVE OAK BOULEVARD  
ST. CLOUD, FL 34771

**New Mailing Address:**

5747 CROWNTREE LN APT 102  
ORLANDO, FL 32829 US

FEI Number: 26-3596623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRINSON, HAYNES F  
28 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

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

LEUCH, TRACY  
5747 CROWNTREE LN APT 102  
ORLANDO, FL 32829 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: TRACY LEUCH

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEUCH, TRACY CHARLES  
Address: 2077 LIVE OAK BOULEVARD  
City-St-Zip: ST. CLOUD, FL 34771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEUCH, TRACY  
Address: 5747 CROWNTREE LN APT 102  
City-St-Zip: ORLANDO, FL 32829 US

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: TRACY LEUCH

MGRM

04/24/2009

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