

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112884

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** ORGANIC RECOVERY SOLUTIONS LLC

**Current Principal Place of Business:**

3714 SE 41ST AVE  
GAINESVILLE, FL 32641 US

**New Principal Place of Business:**

**Current Mailing Address:**

3714 SE 41ST AVE  
GAINESVILLE, FL 32641 US

**New Mailing Address:**

**FEI Number:** 26-4350766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIEDEL, OLAF  
5178 NW 108 CT.  
MIAMI, FL 33178 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: MGRM  
Name: O'KEEFE, DAVID M  
Address: 3714 SE 42ST AVE  
City-St-Zip: GAINESVILLE, FL 32641 US

Title: MGRM  
Name: RIEDEL, OLAF  
Address: 5178 NW 108 CT  
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM  
Name: PALMER, DAVID  
Address: 1328 KINN RD DRIVE  
City-St-Zip: FRANKLIN, TN 37064 US

Title: MGRM  
Name: SHARP, PAUL  
Address: 1209 SPEER DRIVE  
City-St-Zip: MODESTO, CA 95358 US

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: PAUL SHARP

PRES

01/05/2010

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