

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006638

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** RECOVERY ADVOCATES, LLC

**Current Principal Place of Business:**

7801 POINT MEADOWS DRIVE  
4207  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

7801 POINT MEADOWS DRIVE  
4207  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 26-4074964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS GROSSMAN, PA  
2400 N UNIVERSITY DRIVE  
207  
PEMBROKE PINES, FL 33024 US

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

SIMONIC, SIMONIC, RATNECHT & ASSOC., INC  
8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216 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:** NICHOLAS SIMONIC

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JOHNSON, ALISON F  
**Address:** 7801 POINT MEADOWS DRIVE, UNIT 4207  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** MGRM  
**Name:** JOHNSON, TIMOTHY L  
**Address:** 7801 POINT MEADOWS DRIVE, UNIT 4207  
**City-St-Zip:** JACKSONVILLE, FL 32256 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:** ALISON JOHNSON

MGRM

04/22/2011

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