

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010626

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** CAPITAL TURNAROUND AND RESCUE, LLC

**Current Principal Place of Business:**

6145 BELLEZA LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6145 BELLEZA LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

7040 WEST PALMETTO PARK RD  
# 200  
BOCA RATON, FL 33433

**FEI Number:** 26-4173590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, JOEL  
6145 BELLEZA LANE  
BOCA RATON, FL 33433 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:** THE FINANCIAL CAPITAL INC.  
**Address:** 3908 SOUTH OCEAN BLVD., #1  
**City-St-Zip:** HIGHLAND BEACH, FL 33433

**Title:** MGRM  
**Name:** CARE ASSOCIATES, INC.  
**Address:** 6145 BELLEZA LANE  
**City-St-Zip:** BOCA RATON, FL 33433

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:** JOEL SCHWARTZ

MGRM

04/14/2010

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