

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052031

**Entity Name:** A. AND T. RECOVERY, LLC

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4330 US HIGHWAY 1  
GRANT, FL 32949

**New Principal Place of Business:**

**Current Mailing Address:**

4330 US HIGHWAY 1  
GRANT, FL 32949

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HAYWORTH, CHANEY, & THOMAS, PA  
202 N. HARBOR CITY BLVD.  
SUITE 300  
MELBOURNE, FL 32935 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: PRES  
Name: OLSON, ALLAN C  
Address: 4330 US HWY 1  
City-St-Zip: GRANT, FL 32949

Title: VP  
Name: LYSENKO, TARAS C  
Address: 26351 HOSPITAL ST.  
City-St-Zip: CASSOPOLIS, MI 49031

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: ALLAN C OLSON

PRES

03/02/2010

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