2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2011
Secretary of State

DOCUMENT# L09000066021

Entity Name: RECOVERY SOLUTIONS 904, LLC

Current Principal Place of Business:

2917 LANTANA LAKES DRIVE EAST
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

3955 COVE ST. ST. JOHNS RD.
JACKSONVILLE, FL 32277 US

Current Mailing Address:

2917 LANTANA LAKES DRIVE EAST
JACKSONVILLE, FL 32246 US

New Mailing Address:

3955 COVE ST. ST. JOHNS RD.
JACKSONVILLE, FL 32277 US

FEI Number: 27-2472384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOM, MELISSA
2917 LANTANA LAKES DRIVE EAST
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

NEWSOM, MELISSA
3955 COVE ST. ST. JOHNS RD.
JACKSONVILLE, FL 32277 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: _____ 09/13/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NEWSOM, MELISSA
Address: 3955 COVE ST. ST. JOHNS RD.
City-St-Zip: JACKSONVILLE, FL 32277 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 Statues.

SIGNATURE: MELISSA M. NEWSOM MGRM 09/13/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date