

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089613

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

**Entity Name:** GUARDIAN RECOVERY NETWORK LLC

**Current Principal Place of Business:**

335 SE 6TH AVE  
APT 405  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1880 N CONGRESS AVE  
STE 215  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 27-0937278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORGES, DONALD K  
1880 N CONGRESS AVE  
STE 215  
BOYNTON BEACH, FL FL US

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

MP FINANCIAL  
1880 N CONGRESS AVE  
STE 215  
BOYNTON BEACH, FL FL 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:** DONALD K PORGES

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCOTT, JOSHUA  
**Address:** 335 SE 6TH AVE APT 405  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** MGR  
**Name:** PORGES, DONALD K  
**Address:** 1880 N CONGRESS AVE STE 215  
**City-St-Zip:** BOYNTON BEACH, FL 33426

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:** JOSH SCOTT

MGMR

01/05/2010

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