

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000007489

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** TRUE BLUE RECOVERY, LLC

**Current Principal Place of Business:**

7921 WELLWYND WAY  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

7921 WELLWYND WAY  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 27-4585626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARK, CLIFFORD B  
3301 NW BOCA RATON BLVD.  
#200  
BOCA RATON, FL 33431 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:** PODOLSKY, SHERMAN  
**Address:** 7921 WELLWYND WAY  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** MGRM  
**Name:** BARON, ILENE M  
**Address:** 3111 BEL AIR DRIVE, #14G  
**City-St-Zip:** LAS VEGAS, NV 89109 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:** SHERMAN PODOLSKY

MGRM

04/11/2012

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