

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084991

**FILED**  
**Jun 29, 2012**  
**Secretary of State**

**Entity Name:** INVESTIGATION SPECIALISTS & RESOURCES LLC

**Current Principal Place of Business:**

49 N FEDERAL HWY SUITE 357  
POMPAÑO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

49 N FEDERAL HWY SUITE 357  
POMPAÑO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 45-2835648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** MGR  
**Name:** RECOVERY CENTER & MANAGEMENT INC.  
**Address:** 6278 NORTH FEDERAL HIGHWAY, #127  
**City-St-Zip:** FT. LAUDERDALE, FL 33308

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: RECOVERY CENTER & MANAGEMENT INC

MGR

06/29/2012

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