

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119635

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RECOVERY & RENEWAL, LLC

**Current Principal Place of Business:**

27 NORTHEAST 24TH AVENUE  
#8  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

27 NORTHEAST 24TH AVENUE  
#8  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 45-3648619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY NW  
200  
BOCA RATON, FL 33487 US

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

GANNON, ROBERT  
27 NE 24TH. AVENUE  
STE. 8  
POMPANO BEACH, FL 33062 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: ROBERT GANNON

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ORR, ROBERT  
Address: 27 NORTHEAST 24TH AVENUE, #6  
City-St-Zip: POMPANO BEACH, FL 33062

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: ROBERT ORR

MGRM

04/10/2012

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