

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 08, 2014**  
**Secretary of State**

DOCUMENT# L12000025492

**Entity Name:** ASSETS RECOVERY 26, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 45-4594129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ASSETS RECOVERY 23, LLC  
2100 PONCE DE LEON BLVD, SUITE 720  
CORAL GABLES, FL 33134 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: DAVID FRATANGELO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: FRATANGELO, JAMES  
Address: 2100 PONCE DE LEON BLVD, SUITE 720  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: COOSEMANS, DANIEL  
Address: 2100 PONCE DE LEON BLVD, SUITE 720  
City-St-Zip: CORAL GABLES, FL 33134 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DAVID FRATANGELO

\_\_\_\_\_  
Electronic Signature of Authorized Person

MGR

12/08/2014

\_\_\_\_\_  
Date