

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057675

Entity Name: ASSETRECOVERY911 L.L.C.**Current Principal Place of Business:**14930 NORTH CLEVELAND AVENUE
NORTH FT. MYERS, FL 33903**Current Mailing Address:**14930 NORTH CLEVELAND AVENUE
NORTH FT. MYERS, FL 33903**FEI Number:** 22-3934901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MGR, CRISTI LBUSBEE
14930 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	BUSBEE, BRUCE P
Address	14930 NORTH CLEVELAND AVENUE
City-State-Zip:	NORTH FT. MYERS FL 33903

Title	S
Name	ASSET RECOVERY 911
Address	14930 NORTH CLEVELAND AVENUE
City-State-Zip:	NORTH FT. MYERS FL 33903

Title	MGR
Name	BUSBEE, CRISTI L
Address	14930 NORTH CLEVELAND AVENUE
City-State-Zip:	NORTH FT. MYERS FL 33903

Title	TREASURER
Name	BUSBEE, CHRISTOPHER J
Address	14930 NORTH CLEVELAND AVENUE
City-State-Zip:	NORTH FT. MYERS FL 33903

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRISTI BUSBEE

MGR

01/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date