

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114171

**Entity Name:** LANE LOAN RECOVERY, LLC

**Current Principal Place of Business:**

5345 ORTEGA BLVD. SUITE 7  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5345 ORTEGA BLVD. SUITE 7  
JACKSONVILLE, FL 32210

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WEDEKIND, LEE DJR.  
5345 ORTEGA BOULEVARD  
7  
JACKSONVILLE, FL 32210 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 LANE, JAMES TJR.  
Address 5345 ORTEGA BLVD. SUITE 7  
City-State-Zip: JACKSONVILLE FL 32210

*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:** JAMES T. LANE, JR. \_\_\_\_\_

M

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date