

2015 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.

MGR

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date