

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114171

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

**Current Principal Place of Business:**

100 NORTH MAIN ST, 11TH FL, MAC D4001-114  
WINSTON-SALEM, NC 27101

**Current Mailing Address:**

100 NORTH MAIN ST, 11TH FL, MAC D4001-114  
WINSTON-SALEM, NC 27101 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 WELLS FARGO BANK, N.A.  
ASTRUSTEE OF JAMES T. LANE  
ADMIN TRUST  
Address 200 1ST AVE. NW, 2ND FL.  
MAC D1134-011  
City-State-Zip: HICKORY NC 28601

*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:** JEFF MULLIS

VP

04/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date