

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132512

**Entity Name:** ALGAMUS RECOVERY, LLC

**Current Principal Place of Business:**

6902 PALM DRVIE  
HOLMES BEACH, FL 34217

**Current Mailing Address:**

P.O. BOX 1227  
ANNA MARIA, FL 34216

**FEI Number: 27-4613238**

**Certificate of Status Desired: No**

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

VALDES, BART ESQ.  
609 WEST HORATIO STREET  
TAMPA, FL 33606 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            MGMR  
Name            BENSON, RICHARD  
Address        6902 PALM DRIVE  
City-State-Zip: HOLMES BEACH FL 34217

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD BENSON**

**MGMR**

**03/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date