

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD BENSON

MGMR

04/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date