

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000084354

Entity Name: ASSETS RECOVERY 24, LLC

Current Principal Place of Business:

2100 PONCE DE LEON BLVD, SUITE 720
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD, SUITE 720
CORAL GABLES, FL 33134

FEI Number: 45-2831027

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name ASSETS RECOVERY 23, LLC
Address 2100 PONCE DE LEON BLVD, SUITE
720
City-State-Zip: CORAL GABLES FL 33134

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: ASSETS RECOVERY 23 LLC

MGRM

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date