

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000084354

Entity Name: ASSETS RECOVERY 24, LLC

Current Principal Place of Business:

1900 SUNSET HARBOUR DRIVE
SUITE 200
MIAMI BEACH, FL 33139

Current Mailing Address:

1900 SUNSET HARBOUR DRIVE
SUITE 200
MIAMI BEACH, FL 33139

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

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 1900 SUNSET HARBOUR DRIVE
City-State-Zip: MIAMI BEACH FL 33139

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: DANIEL COOSEMANS

MGR

01/11/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date