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: VALIA A ZAGRAY

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000150115

Entity Name: RENEGADE RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

5500 VENTURA ACRES RD GROVELAND, FL 34736

Current Mailing Address:

5500 VENTURA ACRES RD GROVELAND, FL 34736

FEI Number: 46-3957247

Name and Address of Current Registered Agent:

MITRE ACCOUNTING & TAX SERVICES, LLC 15701 SR 50 STE 206 CLERMONT, FL 34711 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ZAGRAY, JAMES S	Name	ZAGRAY, VALIA A
Address	5500 VENTURA ACRES RD	Address	5500 VENTURA ACRES RD
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	GROVELAND FL 34736

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

04/30/2014

FILED Apr 30, 2014 Secretary of State CC1676238680

Certificate of Status Desired: No

Date

Date