

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000185505

**Entity Name:** ABLE INVESTMENT AND RECOVERY, LLC

**Current Principal Place of Business:**

C/O NEAL HENEGHAN  
3000 LAUREL PARK LANE/NO. 308  
KISSIMMEE, FL 34741

**Current Mailing Address:**

C/O NEAL HENEGHAN  
3000 LAUREL PARK LANE/NO. 308  
KISSIMMEE, FL 34741

**FEI Number:** 47-2502824

**Certificate of Status Desired:** No

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

HENEGHAN, NEAL C  
3000 LAUREL PARK LANE/NO. 308  
KISSIMMEE, FL 34741 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 MGR  
Name HENEGHAN, NEAL C  
Address C/O NEAL HENEGHAN  
3000 LAUREL PARK LANE/NO. 308  
City-State-Zip: KISSIMMEE FL 34741

*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:** NEAL C HENEGHAN

**MANAGER**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date