

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000028620

Entity Name: SURPLUS RETURN GROUP, LLC

Current Principal Place of Business:

618 E SOUTH ST
STE 500
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 620488
ORLANDO, FL 32862 US

FEI Number: 81-5183561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOOREFIELD, JUSTIN C
618 E SOUTH ST
STE. 500
ORLANDO, FL 32801 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 MOOREFIELD, JUSTIN C
Address 618 E SOUTH ST, STE. 500
City-State-Zip: ORLANDO FL 32801

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: JUSTIN CARL MOOREFIELD

MANAGING MEMBER

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date