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.

MGR

SIGNATURE: NAJUM CHOUDHRY

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 9819 VIA AMATI LAKE WORTH. FL 33467

Entity Name: OCEANA RECOVERY, LLC

Current Mailing Address:

DOCUMENT# L15000127365

9819 VIA AMATI LAKE WORTH. FL 33467 US

FEI Number: 47-4641050

Name and Address of Current Registered Agent:

CHOUDHRY, NAJUM 9819 VIA AMATI LAKE WORTH, FL 33467 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	MGR	Title	MGR
Name	CHOUDHRY, NAJUM	Name	JABER, TALIB
Address	4802 W 2 AVENUE	Address	152 PORGEE ROCK PLACE
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	JUPITER FL 33458

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Sep 28, 2016 Secretary of State CC9658409706

Certificate of Status Desired: No

09/28/2016

Date

Date