# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000174071

### Entity Name: STACK RECOVERY LLC

# **Current Principal Place of Business:**

323 SUNNY ISLES BOULEVARD SUITE 501 SUNNY ISLES BEACH, FL 33160

# **Current Mailing Address:**

323 SUNNY ISLES BOULEVARD SUITE 501 AVENTURA, FL 33160 US

# FEI Number: 82-2505337

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

ISAACOFF, JOSEPH 323 SUNNY ISLES BOULEVARD SUITE 501 SUNNY ISLES BEACH, FL 33160 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: JOSEPH ISAACOFF

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title AMBR ISAACOFF, JOSEPH Name 323 SUNNY ISLES BOULEVARD Address SUITE 501 City-State-Zip: SUNNY ISLES BEACH FL 33160

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: JOSEPH ISAACOFF

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 08, 2019 Secretary of State 1660447468CC

Certificate of Status Desired: No

02/08/2019

AUTHORIZED MEMBER

Date

02/08/2019

Date