that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ANTONIO L MARTINEZ MANAGER

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000216761

Entity Name: MM ASSET RECOVERY SERVICES, LLC

Current Principal Place of Business:

2600 SOUTH DOUGLAS RD. 305 CORAL GABLES, FL 33134

Current Mailing Address:

2600 SOUTH DOUGLAS RD. 305 CORAL GABLES, FL 33134

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MARTINEZ & MORALES, LLC 2600 SOUTH DOUGLAS RD. 305 CORAL GABLES, FL 33134 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:

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Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	MORALES, RAUL	Name	MARTINEZ, ANTONIO L
Address	2600 SOUTH DOUGLAS RD.	Address	2600 SOUTH DOUGLAS RD.
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

Electronic Signature of Signing Authorized Person(s) Detail

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

FILED May 01, 2018 Secretary of State CC1288285328

Certificate of Status Desired: No

05/01/2018

Date

Date