I hereby certify that the information indicated on this report or supplemental report is true and accurate					
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 [,] EMELY SASTRE	AMBR	12/06/2023			

uiat iiiy iia	me appe	ais abov	e, or or	i dii dua	acriment	vviui

Current Principal Place of Business:

SIGNATURE: EMELY SASTRE

Authorized Person(s) Detail :

- AMBR Title Name SASTRE, EMELY Address 566 COMMERCIAL BLVD City-State-Zip: NAPLES FL 34104
- 566 COMMERCIAL BLVD NAPLES, FL 34104 US

Current Mailing Address:	
--------------------------	--

Entity Name: UNITED STATES TRANSPORT TOWING & RECOVERY, LLC

566 COMMERCIAL BLVD NAPLES, FL 34104 US

566 COMMERCIAL BLVD NAPLES, FL 34104

FEI Number: 83-1324159

SASTRE, EMELY

Name and Address of Current Registered Agent:

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.

Electronic Signature of Registered Agent

I

SIGNATURE: EMELY SASTRE AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

12/06/2023 Date

Date

FILED Dec 06, 2023 Secretary of State 3911724958CC