

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000184249

**Entity Name:** IMMERSION RESIDENTIAL LLC

**Current Principal Place of Business:**

3333 S CONGRESS AVE  
SUITE 402  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3333 S CONGRESS AVE  
SUITE 402  
DELRAY BEACH, FL 33445 UN

**FEI Number:** 83-1683575

**Certificate of Status Desired:** No

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

ZURAW, EDWARD A JR.  
209 SE 5TH AVE  
SUITE 402  
DELRAY BEACH, FL 33483 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 AMBR  
Name GUARDIAN RECOVERY NETWORK  
HOLDINGS, LLC  
Address 3333 S CONGRESS AVE  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JOSHUA SCOTT

**MGR**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date