WINDERN	/ERE, FL 34786 US				
FEI Numb	per: 84-3167486		Certificate of Status Desired: No		
Name and	d Address of Current Registered Ag	ent:			
ROBINSON, 7633 SAN R ORLANDO,					
The above nai	med entity submits this statement for the purpose of c	hanging its registered office or reg	gistered agent, or both, in the State of	Florida.	
SIGNATURE: KIMBERLY ROBINSON				04/09/2024	
	Electronic Signature of Registered Agent	t		Date	
Authorize	ed Person(s) Detail :				
Title	MGR	Title	MANAGER		
Name	ROBINSON, BRENAE N	Name	ROBINSON, KIMBERLY		
Address	P.O. BOX 3463	Address	P.O. BOX 3463		

Current Principal Place of Business: 7633 SAN REMO PL ORLANDO, FL 32835

Current Mailing Address:

DOCUMENT# L19000232391

P.O. BOX 3463 WINDE'

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Entity Name: GRACE FUNDS RECOVERY, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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: KIMBERLY ROBINSON

MGR

City-State-Zip: WINDERMERE FL 34786

04/09/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 09, 2024 Secretary of State 4020742667CC

City-State-Zip: WINDERMERE FL 34786