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.

TRUSTEE

SIGNATURE: MARK J ANDERSON

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

CAPITAL RECOVERY MANAGEMENT 4390 35TH ST STE B ORLANDO, FL 32811 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	MARK ANDERSON		05/26/2023	
	Electronic Signature of Registered Agent		Date	
Authorized Person(s) Detail :				
Title	AUTHORIZED REPRESENTATIVE	Title	MEMBER	
Name	ANDERSON, MARK	Name	CAPITAL RECOVERY MANAGEMENT	
Address	4390 35TH ST STE B	Address	8 THE GREEN SUITE # 12210	
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	DOVER DE 19901	

## 2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000273710

Entity Name: CONSUMER CONSULTING GROUP LLC

# **Current Principal Place of Business:**

4390 35TH ST STE B ORLANDO, FL 32811

## **Current Mailing Address:**

4390 35TH ST STE B ORLANDO, FL 32811 US

## FEI Number: 84-3971379

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 26, 2023 Secretary of State 8426138770CC

Certificate of Status Desired: No

05/26/2023