

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000298535

**Entity Name:** CAPITAL RECOVERY MANAGEMENT LLC

**Current Principal Place of Business:**

4390 35TH ST  
STE C  
ORLANDO, FL 32811

**Current Mailing Address:**

4390 35TH ST  
STE C  
ORLANDO, FL 32811 US

**FEI Number:** 84-4982248

**Certificate of Status Desired:** No

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

CAPITAL RECOVERY MANAGEMENT  
4390 35TH ST  
STE C  
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:** MJ ANDERSON

03/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGING MEMBER  
Name            MUNSCH, SALLY K  
Address        4390 35TH ST  
                  STE C  
City-State-Zip: ORLANDO FL 32811

Title            TRUSTEE  
Name            ANDERSON FAMILY TRUST  
Address        4390 35TH ST  
                  STE C  
City-State-Zip: ORLANDO FL 32811

*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:** SALLY MUNSCH

**PRESIDENT**

03/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date