# 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 K MUNSCH

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

02/08/2022

# 2022 FLORIDA LIMITED LIABILITY COMPANY 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

## Name and Address of Current Registered Agent:

TRADE GUARDIAN INC 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	: SALLY MUNSCH			02/08/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	MEMBER	
Name	MUNSCH, SALLY K	Name	ANDERSON FAMILY TRUST	
Address	4390 35TH ST STE C	Address	4390 35TH ST STE C	
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811	

Certificate of Status Desired: No

Feb 08, 2022 Secretary of State 9860424139CC

FILED