

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000078212

**Entity Name:** TOW-FORCE RECOVERY, LLC

**Current Principal Place of Business:**

7969 NW 2ND ST STE 314  
MIAMI, FL 33126

**Current Mailing Address:**

7969 NW 2ND ST STE 314  
MIAMI, FL 33126 US

**FEI Number:** 85-0554367

**Certificate of Status Desired:** No

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

RIVERO, ANDRES  
7969 NW 2ND ST  
STE 314  
MIAMI, FL 33126 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 MGR  
Name RIVERO, ANDRES  
Address 7969 NW 2ND ST  
STE 314  
City-State-Zip: MIAMI FL 33126

*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:** ANDRES RIVERO

**OWNER**

**04/29/2024**

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

\_\_\_\_\_  
Date