

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001420

**Entity Name:** FEDCHEX RECOVERY, LLC

**Current Principal Place of Business:**

625 THE CITY DRIVE SOUTH  
SUITE 370  
ORANGE, CA 92868

**Current Mailing Address:**

PO BOX 17209  
IRVINE, CA 92623 US

**FEI Number:** 33-0980264

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 AUTHORIZED MEMBER  
Name DAVIS, RODNEY K  
Address 625 THE CITY DRIVE SOUTH  
STE 370  
City-State-Zip: ORANGE CA 32868

Title AUTHORIZED MEMBER  
Name ARNOLD, EDWARD  
Address 625 THE CITY DRIVE SOUTH  
STE 370  
City-State-Zip: ORANGE CA 32868

Title AUTHORIZED MEMBER  
Name FLANIGAN, CHRISTI  
Address 625 THE CITY DRIVE SOUTH  
STE 370  
City-State-Zip: ORANGE CA 32868

Title AUTHORIZED MEMBER  
Name DUBE, BRYAN  
Address 625 THE CITY DRIVE SOUTH  
SUITE 370  
City-State-Zip: ORANGE CA 92868

Title AUTHORIZED MEMBER  
Name KELLEY-DUBE, MICHELLE  
Address 625 THE CITY DRIVE SOUTH  
SUITE 370  
City-State-Zip: ORANGE CA 92868

Title AUTHORIZED MEMBER  
Name DAVIS, JUSTIN K  
Address 625 THE CITY DRIVE SOUTH  
SUITE 370  
City-State-Zip: ORANGE CA 92868

*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:** CHRISTI FLANIGAN

**PRESIDENT**

**03/05/2024**

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

\_\_\_\_\_  
Date