2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001420

Entity Name: FEDCHEX RECOVERY, LLC

Current Principal Place of Business:

27042 TOWNE CENTRE DR SUITE 150 FOOTHILL RANCH, CA 92610

Current Mailing Address:

27042 TOWNE CENTRE DR SUITE 150 FOOTHILL RANCH, CA 92610 US

FEI Number: 33-0980264

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US FILED Apr 07, 2022 Secretary of State 3274688543CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DAVIS, RODNEY K	Name	ARNOLD, EDWARD
Address	27042 TOWNE CENTRE DR SUITE 150	Address	27042 TOWNE CENTRE DR SUITE 150
City-State-Zip:	FOOTHILL RANCH CA 92610	City-State-Zip:	FOOTHILL RANCH CA 92610
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	FLANIGAN, CHRISTI	Name	DUBE, BRYAN
Address	27042 TOWNE CENTRE DR SUITE 150	Address	27042 TOWNE CENTRE DR SUITE 150
City-State-Zip:	FOOTHILL RANCH CA 92610	City-State-Zip:	FOOTHILL RANCH CA 92610
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	KELLEY-DUBE, MICHELLE	Name	DAVIS, JUSTIN K
Address	27042 TOWNE CENTRE DR SUITE 150	Address	27042 TOWNE CENTRE DR SUITE 150
City-State-Zip:	FOOTHILL RANCH CA 92610	City-State-Zip:	FOOTHILL RANCH CA 92610

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

MANAGER

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date