

**2021 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

**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 27042 TOWNE CENTRE DR  
SUITE 150  
City-State-Zip: FOOTHILL RANCH CA 92610

Title AUTHORIZED MEMBER  
Name ARNOLD, EDWARD  
Address 27042 TOWNE CENTRE DR  
SUITE 150  
City-State-Zip: FOOTHILL RANCH CA 92610

Title AUTHORIZED MEMBER  
Name FLANIGAN, CHRISTI  
Address 27042 TOWNE CENTRE DR  
SUITE 150  
City-State-Zip: FOOTHILL RANCH CA 92610

Title AUTHORIZED MEMBER  
Name DUBE, BRYAN  
Address 27042 TOWNE CENTRE DR  
SUITE 150  
City-State-Zip: FOOTHILL RANCH CA 92610

Title AUTHORIZED MEMBER  
Name KELLEY-DUBE, MICHELLE  
Address 27042 TOWNE CENTRE DR  
SUITE 150  
City-State-Zip: FOOTHILL RANCH CA 92610

Title AUTHORIZED MEMBER  
Name DAVIS, JUSTIN K  
Address 27042 TOWNE CENTRE DR  
SUITE 150  
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

**MEMBER**

**02/27/2021**

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

\_\_\_\_\_  
Date