## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005007

Entity Name: RENT RECOVERY SOLUTIONS, LLC

## **Current Principal Place of Business:**

2814 SPRING ROAD SUITE 301 ATLANTA, GA 30339

## **Current Mailing Address:**

PO BOX 723727 ATLANTA, GA 31139

FEI Number: 20-5667584 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST 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

**FILED** Jan 09, 2015

**Secretary of State** 

CC5675072339

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

PETA. COLLETE Name Name WETZER. SAUL

Address 2814 SPRING ROAD STE 301 Address 2814 SPRING ROAD STE 301

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title MGRM

Name COELHO, CHRIS

Address 2814 SPRING RD STE 301 City-State-Zip: ATLANTA GA 30339

SIGNATURE: COLLETE PETA

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.

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

01/09/2015

Date