

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002729

**Entity Name:** SPIRE RECOVERY SOLUTIONS LLC

**Current Principal Place of Business:**

57 CANAL STREET  
SUITE 302  
LOCKPORT, NY 14094

**Current Mailing Address:**

57 CANAL STREET  
SUITE 302  
LOCKPORT, NY 14094 US

**FEI Number:** 38-3926591

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 TORRIERE, JACOB  
Address 57 CANAL STREET  
SUITE 302  
City-State-Zip: LOCKPORT NY 14094

*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:** JACOB TORRIERE

**MEMBER**

**01/10/2024**

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

\_\_\_\_\_  
Date