

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007907

**Entity Name:** ATLANTIC RECOVERY SOLUTIONS, LLC

**Current Principal Place of Business:**

275 NORTHPOINTE PKWY STE 60  
AMHERST, NY 14228

**Current Mailing Address:**

275 NORTHPOINTE PKWY STE 60  
AMHERST, NY 14228

**FEI Number:** 46-1836067

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N ROCKY POINT DR STE 150A  
TAMPA, FL 33607 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 P  
Name AGA, ZACHARIAH  
Address 275 NORTHPOINTE PKWY STE 60  
City-State-Zip: AMHERST NY 14228

*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:** ZACHARIAH AGA

**PRESIDENT**

**02/02/2016**

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

\_\_\_\_\_  
Date