

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112632

Entity Name: SECON RECOVERY & TOWING LLC**Current Principal Place of Business:**TALLAHASSEE FLO 32305
TALLAHASSEE, FL 32305**Current Mailing Address:**PO BOX 16097
TALLAHASSEE, FL 32317 US**FEI Number:** 47-1913507**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SECON RECOVERY LLC
TALLAHASSEE FLORIDA
TALLAHASSEE, FL 32305 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:** SRT

04/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title TREASURER, CFO
Name GALOFRE, TOMAS E MR
Address P O BOX 16097
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT
Name GALOFRE, RICARDO A.
Address PO BOX 16097
City-State-Zip: TALLAHASSEE FL 32317

Title VP., COO.
Name SECHRIST, PAUL S
Address P O BOX 16097
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name SECHRIST, MONICA CONTRERAS
Address P O BOX 16097
City-State-Zip: TALLAHASSEE FL 32317

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: SECHRIST , MONICA CONTRERAS

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04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date