

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117350

Entity Name: ATTI RECOVERY SERVICES, LLC

Current Principal Place of Business:

1101 SOUTH EAST 12 AVE
SUITE B
CAPE CORAL, FL 33990

Current Mailing Address:

PO BOX 299
MORRISVILLE, PA 19067

FEI Number: 24-1441864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIPKA, KERRI
1101 SOUTH EAST 12 AVE
SUITE B
CAPE CORAL, FL 33990 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 MGRM
Name RIPKA, KERRI
Address 1101 SOUTH EAST 12 AVE
City-State-Zip: CAPE CORAL FL 33990

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: KERRI RIPKA

MEMBER

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date