

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020375

Entity Name: S.I.S. RECOVERY, LLC

Current Principal Place of Business:

1395 NW 15 STREET
MIAMI, FL 33125

Current Mailing Address:

1395 NW 15 STREET
MIAMI, FL 33125 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAPTISTE, ELICSONNE
1395 NW 15 STREET
MIAMI, FL 33125 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 BAPTISTE, ELICSONNE
Address 1395 NW 15 STREET
City-State-Zip: MIAMI FL 33125

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: ELICSONNE BAPTISTE

MGRM

04/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date