

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045795

**Entity Name:** FCC RECOVERIES, LLC

**Current Principal Place of Business:**

21131 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

21131 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 27-0244625

**Certificate of Status Desired:** No

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

LEVINE, MICHAEL  
21131 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33179 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           MANAGER/AUTHORIZED MEMBER  
Name           BAKER, LANCE  
Address        151 DAVEY CROCKETT ROAD  
City-State-Zip: FAIRVIEW NC 28730

Title           MGR, AUTHORIZED MEMBER  
Name           LEVINE, MICHAEL  
Address        21131 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** LEVINE, MICHAEL

**MANAGER/AUTHORIZED   04/22/2021**  
**MEMBER**

Electronic Signature of Signing Authorized Person(s) Detail

Date