

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114712

Entity Name: FEDERAL RECOVERY LLC

Current Principal Place of Business:

10380 SW VILLAGE CENTER DR.
#320
PORT ST. LUCIE, FL 34987

Current Mailing Address:

10380 SW VILLAGE CENTER DR.
#320
PORT ST. LUCIE, FL 34987

FEI Number: 27-1409856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE
SUITE 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 MGR
Name FEDERAL RECOVERY INC.
Address 10380 SW VILLAGE CENTER DR.
#320
City-State-Zip: PORT ST. LUCIE FL 34987

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: K LOREK

PRESIDENT

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date