

**2016 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

MGR.

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date