

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000052283

Entity Name: RECOVERY CONSULTANT SPECIALISTS, LLC

Current Principal Place of Business:

823 SOUTH ORLEANS AV
TAMPA, FL 33606

Current Mailing Address:

823 SOUTH ORLEANS AV
TAMPA, FL 33606

FEI Number: 47-3539255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENTHORNE, KEITH
823 SOUTH ORLEANS AV
TAMPA, FL 33606 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 AMBR
Name HENTHORNE, KEITH
Address 823 SOUTH ORLEANS AV
City-State-Zip: TAMPA FL 33606

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: KEITH HENTHORNE

MGR

01/18/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date