

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000001204

**Entity Name:** COMMUNITY ASSOCIATION ASSET RECOVERY OF FLA I, LLC

**Current Principal Place of Business:**

1801 SOUTH OCEAN BLVD  
D  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 1976  
HALLANDALE BEACH, FL 33008 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RONALD STRAUSS, PA  
550 BILTMORE WAY  
780  
CORAL GABLES, FL 33134 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 KATES, STEVEN  
Address PO BOX 1976  
City-State-Zip: HALLANDALE BEACH FL 33008

*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:** STEVEN KATES

MGRM

03/06/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date