

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000023608

**Entity Name:** ABS RECOVERY SOLUTIONS, LLC

**Current Principal Place of Business:**

19333 COLLINS AVENUE  
2802  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

954 COLONIAL ROAD  
FRANKLIN LAKES, NJ 07417 US

**FEI Number:** 81-5289047

**Certificate of Status Desired:** No

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

BEKKERMAN, PETER  
19333 COLLINS AVENUE  
2802  
SUNNY ISLES, FL 33160 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            BASINA, ZHANNA  
Address        954 COLONIAL ROAD  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            AMBR  
Name            BEKKERMAN, PETER  
Address        19333 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

*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:** ZHANNA BASINA

**PRESIDENT**

**04/04/2019**

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

\_\_\_\_\_  
Date