

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221909

**Entity Name:** CALUSA RECOVERY SERVICES LLC

**Current Principal Place of Business:**

15611 NEW HAMPSHIRE CT,  
STE A  
FORT MYERS, FL 33908

**Current Mailing Address:**

15611 NEW HAMPSHIRE CT,  
STE A  
FORT MYERS, FL 33908 US

**FEI Number:** 83-1964547

**Certificate of Status Desired:** No

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

CALUSA RECOVERY SERVICES  
15611 NEW HAMPSHIRE CT,  
STE A  
FORT MYERS, FL 33908 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:** WILBUR SMITH

01/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CALUSA RECOVERY, LLC  
Address 15611 NEW HAMPSHIRE CT SUITE A  
City-State-Zip: FORT MYERS FL 33908

*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:** WILBUR SMITH

MANAGER

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date