

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000232391

**Entity Name:** GRACE FUNDS RECOVERY, LLC

**Current Principal Place of Business:**

7633 SAN REMO PL  
ORLANDO, FL 32835

**Current Mailing Address:**

P.O. BOX 3463  
WINDERMERE, FL 34786 US

**FEI Number: 84-3167486**

**Certificate of Status Desired: No**

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

MILLER, SCOTT G ESQ  
200 S. ORANGE AVE STE 800  
ORLANDO, FL 32801 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 ROBINSON, BRENAE N  
Address P.O. BOX 3463  
City-State-Zip: WINDERMERE FL 34786

*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: BRENAE N. ROBINSON**

**MANAGER**

**02/02/2021**

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

\_\_\_\_\_  
Date