2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2025
Secretary of State
8985243074CC

DOCUMENT# L22000441616

Entity Name: PRO RECOVERY SYSTEMS LLC

Current Principal Place of Business:

13927 PEACH ORCHARD WAY
WINTER GARDEN, FL 34787

Current Mailing Address:

13927 PEACH ORCHARD WAY
WINTER GARDEN, FL 34787

FEI Number: 92-0742907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIRST, JOHN D
13927 PEACH ORCHARD WAY
WINTER GARDEN, FL 34787 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	Title	AR
Name	HIRST, JOHN D	Name	SERVICE, BENJAMIN C
Address	13927 PEACH ORCHARD WAY	Address	6251 HAMLIN RESERVE BLVD
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787
Title	AR	Title	AUTHORIZED REPRESENTATIVE
Name	RIEMENSCHNEIDER, JOEL D	Name	RAESLY, CHRISTOPHER H
Address	6251 HAMLIN RESERVE BLVD	Address	4638 N LANDMARK DR.
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	ORLANDO FL 32817

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: JOHN DAVID HIRST RA 02/04/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date