

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000190161

**Entity Name:** ATLAS RECOVERY CONSULTING LLC

**Current Principal Place of Business:**

1333 3RD AVENUE SOUTH  
SUITE 407  
NAPLES, FL 34102

**Current Mailing Address:**

1333 3RD AVENUE SOUTH  
SUITE 407  
NAPLES, FL 34102 US

**FEI Number:** 93-1617147

**Certificate of Status Desired:** No

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

GSK REGISTERED AGENTS, INC.  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 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 KEYS, GEORGE W JR  
Address 1333 3RD AVENUE SOUTH  
SUITE 407  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name WALIGORA, JOHN P  
Address 1333 3RD AVENUE SOUTH  
SUITE 407  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name HAYNES, ROSS  
Address 1333 3RD AVENUE SOUTH  
SUITE 407  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name HARE, MIKE  
Address 1333 3RD AVENUE SOUTH  
SUITE 407  
City-State-Zip: NAPLES FL 34102

*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:** MIKE HARE

MGR

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date