

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000282458

Entity Name: RECOVERY ASSISTANCE LLC

Current Principal Place of Business:

5203 YELLOW PINE LN STE B
TAMARAC, FL 33319

Current Mailing Address:

5203 YELLOW PINE LN STE B
TAMARAC, FL 33319 US

FEI Number: 93-1846159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HISLOP, MESHACH
5203 YELLOW PINE LN
TAMARAC, FL 33319 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	AMBR	Title	AUTHORIZED MEMBER
Name	HISLOP, MESHACH H	Name	HISLOP, NICOLE
Address	5203 YELLOW PINE LN STE B	Address	5203 YELLOW PINE LN STE B
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319

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: MESHACH HISLOP

AMBR

03/14/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date