

**2024 FLORIDA LIMITED LIABILITY COMPANY 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  
Name            HISLOP, MESHACH H  
Address        5203 YELLOW PINE LN STE B  
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

03/11/2024

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

\_\_\_\_\_ Date