

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000245559

Entity Name: GIVE IT BACK RECOVERY FINANCES LLC**Current Principal Place of Business:**3655 CENTRAL AVE
ST. PETERSBURG, FL 33713**Current Mailing Address:**13700 LITTLE ROAD #1020
HUDSON, FL 34667 US**FEI Number:** 99-3270272**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, NAKIESHA S
3135 1ST AVE N
12833
ST. PETERSBURG, FL 33733 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	CEO
Name	BROWN, NAKIESHA S
Address	3135 1ST AVE N 12833
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	AMBR
Name	BROWN, NAKIESHA S
Address	3135 1ST AVE N 12833
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	MGR
Name	BROWN, NAKIESHA S
Address	3135 1ST AVE N 12833
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	AP
Name	BROWN, SHAKIRA N
Address	3135 1ST AVE N 12833
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	AP
Name	LANDSM, TEONSHAI J
Address	3135 1ST AVE N 12833
City-State-Zip:	ST. PETERSBURG FL 33733

Title	AP
Name	LANDSM, TERRANCE J JR
Address	3135 1ST AVE N 12833
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	AMBR
Name	SANTANA DEL CARMEN, MARCEL
Address	13700 LITTLE ROAD #1020
City-State-Zip:	HUDSON FL 34667

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: NAKIESHA S BROWN

CEO

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date