

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000246845

Entity Name: SURPLUS CLAIMS AND RECOVERY SPECIALISTS, LLC

Current Principal Place of Business:

34947 LOUISE RD
DADE CITY, FL 33523

Current Mailing Address:

34947 LOUISE RD
DADE CITY, FL 33523 US

FEI Number: 99-3402898

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARRIS, GABRIELLE
34947 LOUISE RD
DADE CITY, FL 33523 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: GABRIELLE HARRIS

02/22/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HARRIS, GABRIELLE
Address 34947 LOUISE RD
City-State-Zip: DADE CITY FL 33523

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: GABRIELLE HARRIS

MANAGER

02/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date