

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000006037

Entity Name: MSP RECOVERY CLAIMS, SERIES LLC**Current Principal Place of Business:**2701 S. LE JEUNE ROAD, TENTH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2701 S. LE JEUNE ROAD, TENTH FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 82-5013004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	MANAGER
Name	SERIES MRCS, A SERIES OF MDA, SERIES LLC
Address	2701 S. LE JEUNE ROAD, TENTH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	VRM MSP RECOVERY PARTNERS LLC
Address	2701 S. LE JEUNE ROAD, TENTH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	VIRAGE CAPITAL MANAGEMENT LP
Address	2701 S. LE JEUNE ROAD, TENTH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED PERSON
Name	ONDARZA, EDWARD
Address	2701 S. LE JEUNE ROAD, TENTH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

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: EDWARD ONDARZA**AUTHORIZED PERSON****04/15/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date