



Form Revision Date 07/2016

ANNUAL STATEMENT
 For use by DOMESTIC LIMITED LIABILITY COMPANY
 (Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 803087148

Annual Statement Filing Year: 2024

1. Limited Liability Company Name:
 LEGACY RECOVERY GROUP LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: DYLAN PRICE

2. Street Address: 31216 PARDO STREET
 Apt/Suite/Other: APT 5
 City: GARDEN CITY
 State: MI Zip Code: 48135

3. Mailing address of the registered office:
 P.O. Box or Street Address: 31216 PARDO ST
 Apt/Suite/Other: #5
 City: GARDEN CITY
 State: MI Zip Code: 48135

This annual statement must be signed by a member, manager, or an authorized agent.
 Signed this 4th Day of March, 2024 by:

Signature	Title	Title if "Other" was selected
Dylan T Price	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

j_n Decline j_n Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2024 ANNUAL STATEMENT

for

LEGACY RECOVERY GROUP LLC

ID Number: 803087148

received by electronic transmission on March 04, 2024 ***, is hereby endorsed.***

Filed on March 04, 2024 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 4th day of March, 2024.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau