LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2017

NAME OF LIMITED LIABILITY COMPANY: Triangle Recovery Services LLC (NC)

SECRETARY OF STATE ID NUMBER: 1522409 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

Filing Office Use Only
E - Filed Annual Report
1522409
CA202128401034
10/11/2021 04:00

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Stephenson, George

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS **& COUNTY**

518 S West St
Raleigh, NC 27601 Wake County

4. REGISTERED AGENT OFFICE MAILING ADDRESS

518 S West St
Raleigh, NC 27601

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Reporeliefusa.com

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 676-0030 x_____

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

2910 Glenridge Dr
Raleigh, NC 27604-1512

5. PRINCIPAL OFFICE MAILING ADDRESS

2910 Glenridge Dr
Raleigh, NC 27604-1512

6. Select one of the following if applicable. (Optional see instructions)

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: George Stephenson	NAME:	NAME:
TITLE: General Manager	TITLE:	TITLE:
ADDRESS:	ADDRESS:	ADDRESS:
518 S West St		
Raleigh, NC 27601		

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

George Stephenson
SIGNATURE

10/11/2021
DATE

Form must be signed by a Company Official listed under Section C of This form.

George Stephenson
Print or Type Name of Company Official

General Manager
Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525