


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000052113 1. Entity Name FLORIDA COLLECTION SERVICES, LLC	
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Principal Place of Business 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324	Mailing Address 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324
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03132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 18-3589982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAKALAR & EICHNER, P.A.
 150 SOUTH PINE ISLAND ROAD
 SUITE 540
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISMAN, MICHELE E 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, BARBARA J 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Michele Weisman 3/16/07 954-684-1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #