



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000052113</b>		
1. Entity Name FLORIDA COLLECTION SERVICES, LLC		
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	  04032008 No Chg-LLC      CR2E083 (12/07)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 18-3589982		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent  BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
U000000901109 04/29/08-80055-025 138.75		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISMAN, MICHELE E 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Michelle Weisman</u> MICHELE WEISMAN      4/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date      Daytime Phone #		