

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000114510

**Entity Name:** VOLATILE COLLECTION SYSTEMS COMPANY LLC

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC6530805588**

**Current Principal Place of Business:**

4585 NW 6 STREET  
SUITE A  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4585 NW 6 STREET  
SUITE A  
GAINESVILLE, FL 32609 US

**FEI Number: 47-1390745**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSINESS BOOKKEEPING SERVICE INC  
2711 NW 6 STREET  
SUITE E  
GAINESVILLE, FL 32609 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 MGR  
Name DOWELL, ANDREW M  
Address 2220 SW 34 STREET # 300  
City-State-Zip: GAINESVILLE FL 32601

Title AMBR  
Name KLEIN, CORWIN L  
Address 2072 SE 41 AVENUE  
City-State-Zip: GAINESVILLE FL 32641

*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: DOWELL , ANDREW M**

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**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date