

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000169044

**Entity Name:** COLLATERAL BANKRUPTCY SERVICES, LLC

**Current Principal Place of Business:**

NORTHEAST PROFESSIONAL CENTER  
3900 FIRST STREET NORTH #203  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

NORTHEAST PROFESSIONAL CENTER  
3900 FIRST STREET NORTH #203  
ST. PETERSBURG, FL 33703 US

**FEI Number:** 47-5230987

**Certificate of Status Desired:** Yes

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

LEAVENLAW  
3900 FIRST STREET NORTH, #100  
ST. PETERSBURG, FL 33703 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	Title	MGR
Name	LEAVENGOOD, IAN R	Name	BOYLE, MICHAEL J
Address	3900 FIRST STREET NORTH, #100	Address	3900 FIRST STREET NORTH, #100
City-State-Zip:	ST. PETERSBURG FL 33703	City-State-Zip:	ST. PETERSBURG FL 33703
Title	MGR		
Name	GRAMER, AARON		
Address	NORTHEAST PROFESSIONAL CENTER 3900 FIRST STREET NORTH #203		
City-State-Zip:	ST. PETERSBURG FL 33703		

*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:** MICHAEL J. BOYLE

**MEMBER**

**03/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date