

2017 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: No

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
Name LEAVENGOOD, IAN R
Address 3900 FIRST STREET NORTH, #100
City-State-Zip: ST. PETERSBURG FL 33703

Title MGR
Name DAUVAL, RICHARD M
Address 3900 FIRST STREET NORTH, #100
City-State-Zip: ST. PETERSBURG FL 33703

Title MGR
Name BOYLE, MICHAEL J
Address 3900 FIRST STREET NORTH, #100
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: IAN LEAVENGOOD

MANAGER

02/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date