

2019 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	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: IAN R LEAVENGOOD

MANAGER

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date