

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000002132

**Entity Name:** CITATION COLLECTION SERVICES, LLC

**Current Principal Place of Business:**

8900 KEYSTONE CROSSING, STE. 700  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

8900 KEYSTONE CROSSING, STE. 700  
INDIANAPOLIS, IN 46240 US

**FEI Number:** 20-5461227

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PRESIDENT	Title	SECRETARY
Name	BLAKE, NORMAN P	Name	AVRAHAM, RAPHAEL
Address	8900 KEYSTONE CROSSING, STE. 700	Address	8900 KEYSTONE CROSSING, STE. 700
City-State-Zip:	INDIANAPOLIS IN 46240	City-State-Zip:	INDIANAPOLIS IN 46240
Title	ASST. SECRETARY	Title	TREASURER
Name	WILLIAMS, KRISTIN	Name	JENKINS, BRIAN
Address	8900 KEYSTONE CROSSING, STE. 700	Address	8900 KEYSTONE CROSSING, STE. 700
City-State-Zip:	INDIANAPOLIS IN 46240	City-State-Zip:	INDIANAPOLIS IN 46240
Title	MEMBER	Title	ASSISTANT TREASURER
Name	T2 SYSTEMS, INC.	Name	KOEHN, BRIAN
Address	8900 KEYSTONE CROSSING, STE. 700	Address	8900 KEYSTONE CROSSING, STE. 700
City-State-Zip:	INDIANAPOLIS IN 46240	City-State-Zip:	INDIANAPOLIS IN 46240

*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:** WILLIAMS, KRISTIN

**ASSISTANT SECRETARY** 02/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date