

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000052113**

1. Entity Name  
**FLORIDA COLLECTION SERVICES, LLC**



Principal Place of Business  
**150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324**

Mailing Address  
**150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324**



03132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**18-3589982**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME WEISMAN, MICHELE E  
STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, SUITE 540  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE MGR  
NAME KING, BARBARA J  
STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, SUITE 540  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000676420  
03/30/07-80059-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** *Michele Weisman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/16/07*

Date

*954-684-1592*

Daytime Phone #