

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048487

Entity Name: COLLECTORFL, LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

3200 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

669 FOREST LAIR  
TALLAHASSEE, FL 32312

## Current Mailing Address:

3200 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303

## New Mailing Address:

P. O. BOX 15888  
TALLAHASSEE, FL 32317

FEI Number: 20-5682604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, DAVID S  
3200 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

MURPHY, DAVID S  
669 FOREST LAIR  
TALLAHASSEE, FL 32312 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:

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MURPHY, DAVID S  
Address: 669 FOREST LAIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Delete  
Name: MURPHY, SEAN E  
Address: 333 HOMESTEAD AVE  
City-St-Zip: HADDONFIELD, NJ 08033

Title: MGR ( ) Delete  
Name: ESI SERVICES, LLC  
Address: 3200 COMMONWEALTH BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ESI SERVICES, LLC  
Address: 669 FOREST LAIR  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID S. MURPHY

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date