


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000063134


1. Entity Name
BILL COLLECTOR, LLC



Principal Place of Business Mailing Address

P. O. BOX 1714 **P. O. BOX 1714**
WINDERMERE, FL 34786 **WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE



03022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 00-7522701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBORAH HIGGINS, ESQ.
6039 CYPRESS GARDENS BLVD. #304
WINTER HAVEN, FL 33884

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAN HIGGINS, INC. P. O. BOX 1714 WINDERMERE, FL 34786
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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 606, Florida Statutes.

SIGNATURE: Allan O. Higgins 3-2-08 407 267-0864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #