

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 MAR -3 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L96000000117**

COLLECTORS MAIL SERVICE, L.C.  
110 LADY SUSAN COURT  
CASSELBERRY FL 32707

1a. Principal Place of Business Address

110 LADY SUSAN COURT  
CASSELBERRY FL 32707

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

01/22/1996

FL

4. FEI Number

59/3366921

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

SEEMANN, ERNEST A  
4729 DEL PRADO BLVD  
CAPE CORAL FL 33904

Name

Harry A. Speer

Street Address (P.O. Box Number is Not Acceptable)

146 W. Sybelia Ave.

Suite, Apt. #, etc.

Maitland, FL 32751

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*Harry A. Speer*

DATE

2-3-97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

STRAUSS, MALTE

EMANUEL-GEIBEL-STR 8

D-65185 WIESBADEN GER

MEM

BONELLO STRAUSS, HELEN

EMANUEL-GEIBEL-STR 8

D-65185 WIESBADEN GER

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\*\*\*\*203.75 \*\*\*\*203.75

*1189  
3/3/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*HA. Speer*

HELEN STRAUSS

01-31-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #