

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90278 044 ****50.00

DOCUMENT # M04000002796

1. Entity Name

INTEGRITY COLLECTIONS LLC



Principal Place of Business

237 MICHAUX RUN COURT
MIDLOTHIAN VA 23113

Mailing Address

237 MICHAUX RUN COURT
MIDLOTHIAN VA 23113

2. Principal Place of Business - No P.O. Box #

501 E Franklin St

3. Mailing Address

Suite, Apt. #, etc.

221

Suite, Apt. #, etc.

City & State

Richmond VA 23219

City & State

Zip

Country

city of Richmond

Zip

Country

4. FEI Number

11-3677346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAX WALTER
5333 SIESTA COURT
SARASOTA FL 34242

Business Filings incorporated
1203 Governors Square Blvd
Suite 101
Tallahassee FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: MAY, PETER
STREET ADDRESS: 237 MICHAUX RUN COURT
CITY-ST-ZIP: MIDLOTHIAN VA 23113 ☐ Delete

TITLE: MGR
NAME: PAYNE, KEITH
STREET ADDRESS: 237 MICHAUX RUN COURT
CITY-ST-ZIP: MIDLOTHIAN VA 23113 ☒ Delete

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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CITY-ST-ZIP:
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2/6/07

Date

904 378 5161

Daytime Phone #