

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000150852

**Entity Name:** CURE AND COLLECT, LLC

**Current Principal Place of Business:**

130 S GERONIMO STREET  
SUITE 2  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

P. O. BOX 1991  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 46-4189036

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WILLIAM S. HOWELL, JR., J.D., P.A.  
1727 S COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CLARK, RICHARD A  
Address 875 BLAKE AVE. SW SUITE 1  
City-State-Zip: NEW PHILADELPHIA OH 44663

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD CLARK

MGRM

01/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date