

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004791

Entity Name: COLLECTIBLES INSURANCE SERVICES, LLC

Current Principal Place of Business:

THREE BALA PLAZA EAST
SUITE 300
BALA CYNWYD, PA 19004

Current Mailing Address:

P.O. BOX 1146
BALA CYNWYD, PA 19004 US

FEI Number: 30-0622321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name SCOTT, MATTHEW B
Address 3 BALA PLAZA EAST, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

Title MGR
Name ELLIOTT, DAVID C
Address 3 BALA PLAZA EAST, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

Title MGR
Name LOFTUS, MICHAEL P
Address 3 BALA PLAZA EAST, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

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: DAVID C. ELLIOTT

MANAGER

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date