

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010182

FILED  
Mar 07, 2005  
Secretary of State

Entity Name: DEBT REDUCTION SERVICES LLC

**Current Principal Place of Business:**

5815 SE FEDERAL HWY,#12  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

5815 SE FEDERAL HWY,#12  
STUART, FL 34997

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUBINO, CARL J JR.  
5815 SE FEDERAL HWY, #12  
STUART, FL 34997 US

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

FOSTER, TODD  
5815 SE FEDERAL HWY, #12  
STUART, FL 34997 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: TODD FOSTER

03/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FOSTER, TODD  
Address: 5815 SE FEDERAL HWY, #12  
City-St-Zip: STUART, FL 34997

Title: MGR (X) Delete  
Name: RUBINO, CARL J JR  
Address: 5815 SE FEDERAL HWY, #12  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TODD FOSTER

MR

03/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date