

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092059

FILED
Feb 06, 2009
Secretary of State

Entity Name: PROGRESSIVE DEBT RELIEF LLC

Current Principal Place of Business:

5703 RED BUG LAKE RD
#283
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

5703 RED BUG LAKE RD
#283
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 56-2534399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAVIANI, KAMERON D CFO
3041 ASHFORD PARK PL
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KAVIANI, KAMERON D CFO
5703 RED BUG LAKE RD
#283
WINTER SPRINGS, FL 32708 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: _____

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: DESENA, RICHARD T CEO
Address: 315 TINDER PLACE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: CFO () Delete
Name: KAVIANI, KAMERON D CFO
Address: 3041 ASHFORD PARK PL
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: DESENA, RICHARD T CEO
Address: 1024 WILLA LAKE CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: CFO (X) Change () Addition
Name: KAVIANI, KAMERON D CFO
Address: 888 BENTLEY GREEN CIR
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAMERON KAVIANI

CFO

02/06/2009

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