

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# L06000077327

Entity Name: EDEBTSOLUTIONS, LLC

Current Principal Place of Business:

4135 WHITTNER DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341499
TAMPA, FL 33694

New Mailing Address:

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

Name and Address of Current Registered Agent:

COOPER, SANDRA
4135 WHITTNER DRIVE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: T/S () Delete
Name: SANDRA, COOPER
Address: 4135 WHITTNER DRIVE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES:

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

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: SANDRA COOPER T/S 04/30/2009

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