

L07000088700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/16/08--01031--017 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 16 PM 1:37

B. Tackett JUL 17 2008

· To Whom It May Concern:

· I need to change the following for Elite Debt Relief, LLC FEI Number 30-0437711 to:

Principal Address:

326 Thunder Circle
Bensalem, PA 19020

Mailing Address:

326 Thunder Circle
Bensalem, PA 19020

Manager/Member Detail:

MGRM

McNally, Christopher
326 Thunder Circle
Bensalem, PA 19020

I also included in the registered agent change and a check for the fee.

Any questions feel free and contact me at 215-531-0744

Christopher McNally

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELite Debt Relief
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher McNally
(Name of Person)

ELite Debt Relief
(Firm/Company)

326 Thunder Circle
(Address)

Bensalem, PA 19020
(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM JACOBS at (772) 597-2629
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ELITE Debt RELIEF, LLC
2. (a) Principal office address of limited liability company: 326 Thunder Circle
(Note: **MUST BE STREET ADDRESS**) Bensalem, PA 19020
- (b) Mailing address of limited liability company: 326 Thunder Circle
(Note: **MAY BE POST OFFICE BOX**) Bensalem, PA 19020

8/29/07
3. Date of filing/registration in Florida

LO70000887003
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Christopher McNally

Registered Office Address:

1910 NW 4th AVE E203
Boca Raton, FL 33432

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DIVISION OF CORPORATIONS
JUL 16 PM 11:33

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ADAM JACOBS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6526 S KAMER Highway
STUART, FL 34997

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Christopher McNally
(Signature of a member or authorized representative of a member)

Christopher McNally
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00