

**L08000093714**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

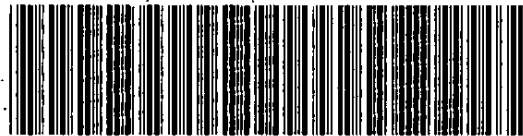
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



**400182099204**

06/18/10--01025--009 \*\*25.00

2010 JUN 21 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**C. LEWIS**

**JUN 22 2010**

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consumer Debt & Credit Services, LLC  
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:

Joseph A. Carballo, Esq.

Name of Person

Law Offices of Joseph A. Carballo, P.A.

Firm/Company

717 Ponce de Leon Blvd., Suite 326

Address

Coral Gables, FL 33134

City/State and Zip Code

joe@carballolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. Carballo

Name of Person

at ( 305 )

673-8300

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: Consumer Debt & Credit Services, LLC

2. (a) Principal office address of limited liability company: 3900 NW 79th Ave



(Note: **MUST BE STREET ADDRESS**)

Suite 228  
Doral, FL 33166

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

10/02/2008

3. Date of filing/registration in Florida

L08000093714

4. Document number

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

Registered Agent:

Lamelas & Carballo, P.A.

Registered Office Address:

806 Douglas Road  
Suite 625  
Coral Gables, FL 33134

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

**NEW** Registered Agent:

Law Offices of Joseph A. Carballo, P.A.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

717 Ponce de Leon Blvd.  
Suite 326  
Coral Gables, FL 33134

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.

Signature of a member or authorized representative of a member

Joseph A. Carballo

Printed or typed name of signee

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2010 JUN 21 PM 4:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED  
2010 JUN 21 PM 4:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE