

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077327

**Entity Name:** EDEBTSOLUTIONS, LLC

**Current Principal Place of Business:**

8751 NORTH HIMES AVE  
TAMPA, FL 33614

**Current Mailing Address:**

8751 NORTH HIMES AVE  
TAMPA, FL 33614 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COOPER, SANDRA  
8751 NORTH HIMES AVE  
TAMPA, FL 33614 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA COOPER

**MANAGER**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date