## 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: PAUL A. SISKA

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

03/04/2013

#### Mar 04, 2013 Secretary of State CC9327312309

Date

FILED

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

(-)		
MGRM	Title	MGRM
AGUILERA SISKA, TATIANA	Name	SISKA, PAUL A
1365 MARSEILLE DRIVE	Address	1365 MARSEILLE DRIVE
MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141
	MGRM AGUILERA SISKA, TATIANA 1365 MARSEILLE DRIVE	MGRMTitleAGUILERA SISKA, TATIANAName1365 MARSEILLE DRIVEAddress

#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093714

Entity Name: CONSUMER DEBT & CREDIT SERVICES, LLC

## **Current Principal Place of Business:**

8323 NW 12TH STREET, SUITE 216 DORAL, FL 33126

### **Current Mailing Address:**

8323 NW 12TH STREET, SUITE 216 DORAL, FL 33126 US

Name and Address of Current Registered Agent:

#### FEI Number: 80-0283348

CORAL GABLES, FL 33134 US

LAW OFFICES OF JOSEPH A. CARBALLO, P.A. 717 PONCE DE LEON BLVD. SUITE 326

Date