## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000046073

**Entity Name: STUDENT DEBT CENTER LLC** 

**Current Principal Place of Business:** 

19909 SW 7 PLACE

PEMBROKE PINES, FL 33029

**Current Mailing Address:** 

19909 SW 7 PLACE

PEMBROKE PINES. FL 33029

FEI Number: 46-5141914 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUITRAGO, JULIO CESAR 19909 SW 7 PLACE PEMBROKE PINES, FL 33029 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

FILED Apr 16, 2017

**Secretary of State** 

CC6537970518

## Authorized Person(s) Detail:

Title AMBR

Name BUITRAGO, JULIO CESAR

Address 18459 PINES BOULEVARD, SUITE 532

City-State-Zip: PEMBROKE PINES FL 33029

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIO CESAR BUITRAGO

Electronic Signature of Signing Authorized Person(s) Detail

**AMBR** 

04/16/2017

Date