

2016 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

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

AMBR

04/25/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date