

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009887

1. Entity Name
THE DEBT SETTLEMENT GROUP, LLC



Principal Place of Business
C/O 110 EAST BROWARD BLVD., 14TH FLOOR
FORT LAUDERDALE, FL 33302

Mailing Address
PO BOX 029006
FORT LAUDERDALE, FL 33301



03042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1001627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSS, WILLIAM J ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U000000256961
03/09/05-80033-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CESPEDES, EDWARD A
PO BOX 029006
FORT LAUDERDALE, FL 33302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EGAN, MICHAEL S
PO BOX 029006
FORT LAUDERDALE, FL 33302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

MANAGING MEMBER

3/7/05

954-769-5948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

EDWARD CESPEDES