LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90035 005 ****55.00

DOCUMENT # L02000016081

1. Entity Name
Debt Elimination Strategies LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
39 Plantation Dr.	Same
Suite, Apt. #, etc. #203	Suite, Apt. #, etc.
City & State Vero Beach, Fl.	City & State
Zip 32966 Country Indian River	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04 3701583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gary L. Taylor

Street Address (P.O. Box Number is Not Acceptable) 39 Plantation Dr. #203

City Vero Beach FL Zip Code 32966

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Gary L. Taylor
STREET ADDRESS	39 Plantation Dr. #203
CITY-ST-ZIP	Vero Beach, Fl. 32966
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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: Gary L. Taylor, Gary L. Taylor 4/15/03 772-562-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #