

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045371

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** END DEBT SERVICES, LLC

**Current Principal Place of Business:**

1416 S. BETTY LANE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

1400 INDIAN TRAIL S.  
PALM HARBOR, FL 34683

**Current Mailing Address:**

1416 S. BETTY LANE  
CLEARWATER, FL 33756

**New Mailing Address:**

P.O. BOX 4898  
CLEARWATER, FL 33758

**FEI Number:** 20-1395485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LODI, ALEX B  
1416 S. BETTY LANE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

LODI, ALEX B  
1400 INDIAN TRAIL S.  
PALM HARBOR, FL 34683 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:** ALEX LODI

04/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** LODI, ALEX B  
**Address:** 1416 S. BETTY LANE  
**City-St-Zip:** CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** LODI, ALEX B  
**Address:** 1400 INDIAN TRAIL S.  
**City-St-Zip:** PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** ALEX LODI

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date