

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000047625

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** DEBT ELIMINATION OF AMERICA, LLC

**Current Principal Place of Business:**

11350 66TH STREET  
SUITE 116  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

11350 66TH STREET  
SUITE 116  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 20-2835109      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CABRERA, FRANCISCO  
11350 66TH STREET  
SUITE 116  
LARGO LARGO, FL 33773 US

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

LIZ, KATHY C  
11350 66TH STREET  
SUITE 116  
LARGO LARGO, FL 33773 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: KATHY C LIZ

10/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CABRERA, FRANCISCO  
Address: 3923 BROADWAY  
City-St-Zip: NEW YORK, FL 10032 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIZ, KATHY C  
Address: 20 DUTCHESS DRIVE  
City-St-Zip: ORANGEBURG, NY 10962 US

I hereby certify that the information supplied with this filing does not qualify 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: KATHY C LIZ

MGRM

10/04/2007

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