

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000097888

FILED
Oct 08, 2009
Secretary of State

Entity Name: DEBT REMEDY ADVICE LLC

Current Principal Place of Business:

618 US HIGHWAY ONE, STE 404
C/O MELISSA MCCLOSKEY
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

618 US HIGHWAY ONE, STE 404
C/O MELISSA MCCLOSKEY
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-5664159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTTRELL, KEVIN
2600 LA CRISTAL CIRCLE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: KEVIN LUTTRELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: LUTTRELL, KEVIN
Address: 2600 LA CRISTAL CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: MCCLOSKEY, MELISSA
Address: 618 US HIGHWAY ONE, STE 404
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELISSA MCCLOSKEY

MGRM

10/08/2009

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