

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000097888

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** DEBT REMEDY ADVICE LLC

**Current Principal Place of Business:**

618 US HIGHWAY ONE, STE 404  
C/O KEVIN LUTTRELL  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

618 US HIGHWAY ONE  
SUITE 404  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

618 US HIGHWAY ONE, STE 404  
C/O KEVIN LUTTRELL  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

618 US HIGHWAY ONE  
SUITE 404  
NORTH PALM BEACH, FL 33408

**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:**

GOODYEAR, MICHAEL  
1413 ISLAMORADA DR  
JUPITER, FL 33458 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: MICHAEL GOODYEAR

03/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: GOODYEAR, MICHAEL  
Address: 1413 ISLAMORADA DR  
City-St-Zip: JUPITER, FL 33458 US

I hereby 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: MICHAEL GOODYEAR

PRES

03/17/2011

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