

LO7000D49696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO7-49696

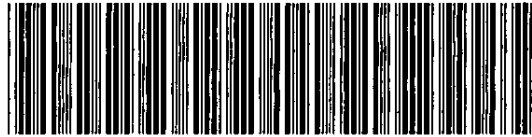
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08 SEP - 8 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W. ~~08/11/08~~ SEP - 9 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

ERIK KARDATZKE
6915 RED ROAD
SUITE 203
CORAL GABLES, FL 33143

SUBJECT: DEBT DEFENSE, P.L.
Ref. Number: L07000049696

We have received your document for DEBT DEFENSE, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00046316

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debt Defense, PL
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Kardatzke
(Name of Person)

Debt Defense PL
(Firm/Company)

6915 Red Road #203
(Address)

Coral Gables, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Erik Kardatzke at (305) 444 4323
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Debt Defense PL
2. (a) Principal office address of limited liability company: 6915 Red Rd. #203
Coral Gables, FL 33143
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

4/7/08
3. Date of filing/registration in Florida

L07 0000 49696
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Erik Kardatzke

Registered Office Address:

4211 Braganza Ave
MIAMI, FL 33133

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Erik Kardatzke

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6915 Red Road #203

Coral Gables, FL 33143

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Erik Kardatzke

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00