

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072563

Entity Name: DEBCYN SERVICES, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3964 NW 27TH LANE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

6815 W. UNIVERSITY AVE.  
#15103  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

3964 NW 27TH LANE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

6815 W. UNIVERSITY AVE.  
#15103  
GAINESVILLE, FL 32607 US

FEI Number: 26-0645395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICHOLS, DEBRA D  
3964 NW 27TH LANE  
GAINESVILLE, FL 32606 US

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

NICHOLS, DEBRA D  
6815 W. UNIVERSITY AVE.  
#15103  
GAINESVILLE, FL 32607 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:

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NICHOLS, DEBRA D  
Address: 6815 W. UNIVERSITY AVE. #15103  
City-St-Zip: GAINESVILLE, FL 32607 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: DEBRA D. NICHOLS

MGMR

04/21/2010

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