

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111561

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** CONSUMER DEBT COUNSLERS GROUP LLC

**Current Principal Place of Business:**

4800 NORTH FEDERAL HIGHWAY  
#302A  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4800 NORTH FEDERAL HIGHWAY  
#302A  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-1353936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEILL, RYAN M MANAGER  
4800 NORTH FEDERAL HIGHWAY  
#302A  
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RYAN, NEILL  
Address: 1030 WEST HERIATGE CLUB CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR ( ) Delete  
Name: THOMAS, TOBIN  
Address: 900 GARDENIA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

**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: SUSAN AMANDA ALBERTI

BKPR

03/23/2009

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