

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016017

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** PROCORP DEBT SOLUTIONS, LLC

**Current Principal Place of Business:**

700 WEST HILLSBORO BLVD, STE 101  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

16259 BRISTOL POINTE DRVIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

951 SW 4TH AVE  
BOCA RATON, FL 33432

**FEI Number:** 26-1964068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVALLE, BROWN, RONAN & MULLINS, P.A  
750 DIXIE HIGHWAY  
BOCA RATON, FL 33432 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:** MGRM  
**Name:** GARBOWIT, KEVIN  
**Address:** 16259 BRISTOL POINTE DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** MGRM  
**Name:** BROOKE, PETER  
**Address:** 6608 NW 42ND WAY  
**City-St-Zip:** BOCA RATON, FL 33496

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:** KEVIN GARBOWIT

MGRM

04/01/2010

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