

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018912

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** SQUARE ONE DEBT SOLUTIONS LLC.

**Current Principal Place of Business:**

3901 SW 47TH AVE.  
SUITE 414  
DAVIE,, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 SW 47TH AVE.  
SUITE 414  
DAVIE,, FL 33314 US

**New Mailing Address:**

**FEI Number:** 83-0507112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCELLO, ANTHONY  
3901 SW 47TH AVE.  
SUITE 414  
DAVIE, FL 33314 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  
Name: MARCELLO, ANTHONY  
Address: 3901 SW 47TH AVE. SUITE 414  
City-St-Zip: DAVIE, FL 33314 US

Title: MGR  
Name: KAPPES, BRYON  
Address: 3901 SW 47TH AVE. SUITE 414  
City-St-Zip: DAVIE,, FL 33314 US

Title: MGR  
Name: MARSH, WALTER  
Address: 3901 SW 47TH AVE. SUITE 414  
City-St-Zip: DAVIE,, FL 33314 US

Title: MGR  
Name: PRINCE, ADAM  
Address: 3901 SW 47TH AVE. SUITE 414  
City-St-Zip: DAVIE,, FL 33314 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: ANTHONY MARCELLO

MM

01/13/2010

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