

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026337

FILED  
Feb 17, 2010  
Secretary of State

Entity Name: BAD DEBT, LLC

**Current Principal Place of Business:**

1632 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1632 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 26-2187309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAPEAU, RON  
1632 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308 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: D  
Name: DRAPEAU, RON  
Address: 1632 METROPOLITAN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: TRIBBLE, DENNIS  
Address: 2909 TYRON CIR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: DAUM, JOHN  
Address: 5333 HIGH COLONY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: BOYLE, PAUL  
Address: 2010 BUSHYHALL RD  
City-St-Zip: TALLAHASSEE, FL 32308

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: RON J DRAPEAU

D

02/17/2010

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