

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055240

FILED
Mar 12, 2009
Secretary of State

Entity Name: NORTHWESTERN DEBT SOLUTIONS, LLC

Current Principal Place of Business:

17968 FIELDBROOK CIRCLE SOUTH
BOCA RATON, FL 33496 US

New Principal Place of Business:

4731 W. ATLANTIC AVE
SUITE B-11
DELRAY BEACH, FL 33445 US

Current Mailing Address:

17968 FIELDBROOK CIRCLE SOUTH
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 26-2851503 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOOLF, JARED
17968 FIELDBROOK CIRCLE SOUTH
BOCA RATON, FL 33496 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 () Delete
Name: WOOLF, JARED
Address: 17968 FIELDBROOK CIRCLE SOUTH
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOOLF, JARED
Address: 17968 FIELDBROOK CIRCLE SOUTH
City-St-Zip: BOCA RATON, FL 33445 US

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: JARED WOOLF

MGRM

03/12/2009

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