

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000065423

Entity Name: LOWER MY DEBTS. COM LLC

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

804 WINDWARD WAY
UNIT 521
LANTANA, FL 33462

New Principal Place of Business:

804 WINDWARD WAY
UNIT 521
LANTANA, FL 33462 US

Current Mailing Address:

804 WINDWARD WAY
UNIT 521
LANTANA, FL 33462

New Mailing Address:

951 BROKEN SOUND PKWY
SUITE 200
BOCA RATON, FL 33487 US

FEI Number: 26-2938417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCANDELA, JOHNNIE
804 WINDWARD WAY
UNIT 521
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

FARINACCI, GLENN R
1730 SOUTH FEDERAL HIGHWAY
SUITE #208
DELRAY BEACH, FL 33483 US

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: GLENN R FARINACCI

10/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INCANDELA, JOHNNIE
Address: 804 WINWARD WAY UNIT 521
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: INCANDELA, JOHNNIE
Address: 804 WINWARD WAY UNIT 521
City-St-Zip: LANTANA, FL 33462 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: JOHNNIE INCANDELA

MGR

10/20/2009

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