

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087344

FILED
Mar 06, 2009
Secretary of State

Entity Name: DEBT-PRO ASSOCIATES LLC

Current Principal Place of Business:

2061 NW 2ND AVE.
BOCA RATON, FL 33431

New Principal Place of Business:

2061 NW 2ND AVE.
#205
BOCA RATON, FL 33431

Current Mailing Address:

2061 NW 2ND AVE.
BOCA RATON, FL 33431

New Mailing Address:

2061 NW 2ND AVE.
#205
BOCA RATON, FL 33431

FEI Number: 26-3362793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANOWITZ, MEL
2061 NW 2ND AVE.
BOCA RATON, FL 33431 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: SYLBRA LLC,
Address: 9256 COVE PT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGRM () Delete
Name: KALIN WOLF LLC,
Address: 1194 HILLSBORO MI #74
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: MGRM () Delete
Name: JCKC GROUP LLC,
Address: 6851 ASHTON ST
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MEL KANOWITZ

MGRM

03/06/2009

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