

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000097383

**FILED**  
**Oct 24, 2012**  
**Secretary of State**

**Entity Name:** DEBT SOLUTIONS AND LENDING.LLC

**Current Principal Place of Business:**

11524 HWY 92 E  
SUITE 300  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

11524 HWY 92 E  
SUITE 300  
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number:** 26-3539660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, DONNA M  
11524 HWY 92 E  
SUITE 300  
SEFFNER, FL 33584 US

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

STEVENS, WILLIAM S  
11524 HWY 92 E  
SUITE 300  
SEFFNER, FL 33584 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: WILLIAM STEVENS

10/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEVENS, WILLIAM S  
Address: 11524 HWY 92 E STE 300  
City-St-Zip: SEFFNER, FL 33584

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: WILLIAM STEVENS

MGRM

10/24/2012

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