

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104452

FILED
May 01, 2009
Secretary of State

Entity Name: DEBT CONTROL SERVICES LLC

Current Principal Place of Business:

6526 SOUTH KANNER HWY.
#332
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6526 SOUTH KANNER HWY.
#332
STUART, FL 34997

New Mailing Address:

FEI Number: 32-0266454 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:

JACKSON, TONY
4297 SE COVE LAKE CIR
#203
STUART, FL 34997 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: PAYNE-JACKSON, MARY A
Address: 6526 SOUTH KANNER HWY. #332
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: COLEMAN, CHARLOTTE
Address: 6526 SOUTH KANNER HWY. #332
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: TONY, JACKSON
Address: 6526 SOUTH KANNER HWY. #332
City-St-Zip: STUART, FL 34997

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: MARY A PAYNE-JACKSON

MGR

05/01/2009

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