

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015174

Entity Name: DEBT SOLVE LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4613 N. UNIVERSITY DRIVE  
#445  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N. UNIVERSITY DRIVE  
#445  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 26-4165805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTE, AURORA  
4613 N. UNIVERSITY DRIVE  
445  
CORAL SPRINGS, FL 33067 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  
Name: ANTE, AURORA  
Address: 4613 N. UNIVERSITY DRIVE #445  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM  
Name: ECHEVARRIA, ANTOINETTE  
Address: 4613 N. UNIVERSITY DRIVE #445  
City-St-Zip: CORAL SPRINGS, FL 33067

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: ANTOINETTE ECHEVARRIA

MGRM

04/28/2011

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