

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094174

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** SPECIALIZED DEBT SOLUTIONS LLC

**Current Principal Place of Business:**

8421 S. ORANGE BLOSSOM TRAIL  
SUITE 239  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

1053 MAITLAND CENTER COMMONS BLVD  
SUITE 203  
MAITLAND, FL 32751 US

**Current Mailing Address:**

8421 S. ORANGE BLOSSOM TRAIL  
SUITE 239  
ORLANDO, FL 32809 US

**New Mailing Address:**

1053 MAITLAND CENTER COMMONS BLVD  
SUITE 203  
MAITLAND, FL 32751 US

**FEI Number:** 27-1023980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIZELT, BRETT S  
889 BRANTLEY DR.  
LONGWOOD, FL 32779 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: GIZELT, BRETT S  
Address: 889 BRANTLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MEMB  
Name: BLACKWELDER, EDWIN F  
Address: 718 N. WEKIWA SPRING RD  
City-St-Zip: APOPKA, FL 32712

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: BRETT GIZELT

MGR

03/31/2010

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