

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020998

**FILED**  
**Jul 08, 2011**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE DEBT ADVISORS LLC

**Current Principal Place of Business:**

705 W STATE ROAD 434, STE D  
LONGWOOD, FL 32750

**New Principal Place of Business:**

705 W STATE ROAD 434  
SUITE D  
LONGWOOD, FL 32750

**Current Mailing Address:**

705 W STATE ROAD 434, STE D  
LONGWOOD, FL 32750

**New Mailing Address:**

705 W STATE ROAD 434  
SUITE D  
LONGWOOD, FL 32750

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SILER, LEE A  
705 W STATE ROAD 434, STE D  
LONGWOOD, FL 32750 US

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

SILER, LEE A  
705 W STATE ROAD 434  
SUITE D  
LONGWOOD, FL 32750 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: LEE A SILER

07/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SILER, LEE A  
Address: 705 W STATE ROAD 434, STE D  
City-St-Zip: LONGWOOD, FL 32750

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: LEE A SILER

MGRM

07/08/2011

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