

L10000080910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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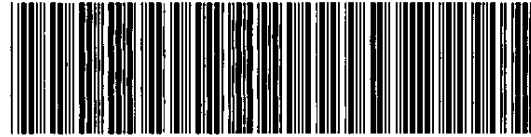
(Business Entity Name)

(Document Number)

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10 AUG 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLEGE DEFAULTED STUDENT LOAN, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELENA VARGAS
Name of Person

COLLEGE DEFAULTED STUDENT LOAN, LLC
Firm/Company

7650 COURTNEY CAMPBELL CAUSEWAY, SUITE 200
Address

TAMPA, FL 33607
City/State and Zip Code

DOESAMOR@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA VARGAS at (727) 544 2575
Name of Person Area Code & Daytime Telephone Number

☒ **STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: COLLEGE DEFAULTED STUDENT LOAN, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 200
TAMPA, FL 33607

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 200
TAMPA, FL 33607

AUGUST 2, 2010
3. Date of filing/registration in Florida

L10000080910
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CARROLL BRUCE

Registered Office Address:

11350 66TH STREET NORTH
SUITE 113
LARGO, FL 33733

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 200
TAMPA, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Elena Vargas
Signature of a member or authorized representative of a member

ELENA VARGAS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bruce Carroll
Signature of Registered Agent

FILED
10 AUG 17
SECRETARY OF
TALLAHASSEE, FL

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00