

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000096762

Entity Name: DEBT MEDIATORS, LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

378 CENTERPOINT CIR STE 1252  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

385 CENTERPOINTE CIR STE 1319  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

378 CENTERPOINT CIR STE 1252  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

385 CENTERPOINTE CIR STE 1319  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 45-3074810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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: FRANCISCO, ANTHONY  
Address: 3759 KINSLEY PLACE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGRM  
Name: FRANCISCO, ANDREA  
Address: PO BOX 940667  
City-St-Zip: MAITLAND, FL 32794

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: ANTHONY FRANCISCO

MGRM

01/10/2012

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