

# C13000116031

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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from:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LAW CENTER FOR DEBT SOLUTIONS, LLC**

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TALLAHASSEE, FLORIDA

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COVER LETTER

H13000232262

6

TO: Registration Section  
Division of Corporations

SUBJECT: LAW CENTER FOR DEBT SOLUTIONS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK D. COHEN

Name of Person

MARK D. COHEN, P.A.

Firm/Company

4000 Hollywood Blvd., Ste. 435 South

Address

Hollywood, FL 33021

City/State and Zip Code

mdcohenpa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK D. COHEN

Name of Person

at 954 962-1166

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

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

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STATE OF FLORIDA  
TALLAHASSEE

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**LAW CENTER FOR DEBT SOLUTIONS, LLC**  
(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

10/18/2013 15:00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARK D. COHEN	4000 Hollywood Blvd., Ste. A35 So. Hollywood, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUHAIL RIVERA	9710 Stirling Road, Ste. 105 Hollywood, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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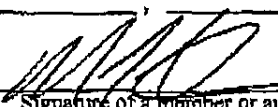
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARK D. COHEN

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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