

17090000004821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

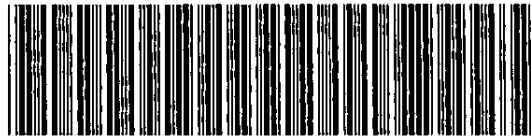
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EXAMINER



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12 NOV - 1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURED DEBT INVESTMENTS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s), or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Orlando Garcia

Name of Person

Firm/Company

2600 SW 8th Street, Suite 905

Address

Coral Gables, Florida 33130

City/State and Zip Code

ogarcia@secureddebtinvestments.com

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

For further information concerning this matter, please call:

Orlando Garcia

Name of Person

at (305)

772-5920

Area Code and 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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

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TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Secured Debt Investments, LLC
2. This entity was formed under the laws of: State of Delaware
3. This entity was authorized to transact business in Florida on 12/10/2009
and its Florida document/registration number is M09000004821.
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Orlando Garcia

247 SW 8th Street

Miami, Florida 33130

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25