

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007497

Entity Name: AMERICAN DEBT CO. LLC

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

944 4TH ST N
STE 800
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

944 4TH ST N
STE 800
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 75-3091981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOOMIS, RUSSELL
944 4TH ST N
STE 800
ST PETERSBURG, FL 33701 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOOMIS, RUSSELL G
Address: 8370 55TH WAY
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGR () Delete
Name: LOOMIS, RUSSELL
Address: 7780 49TH ST N - # 515
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGR () Delete
Name: GADD, JOHN A
Address: 5227 CREEKMORE LN
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RUSSELL LOOMIS

MR

06/29/2009

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