

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000063833

Entity Name: LEGAL DEBT MEDIATION, LLC

Current Principal Place of Business:

3990 CONFEDERATE POINT ROAD
JACKSONVILLE, FL 32210

Current Mailing Address:

7081 VIDA LANE
JACKSONVILLE, FL 32222 US

FEI Number: 46-2382358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, JAMES
7081 VIDA LANE
JACKSONVILLE, FL 32222 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

Authorized Person(s) Detail :

Title MGR
Name POWELL, JAMES
Address 7081 VIDA LANE
City-State-Zip: JACKSONVILLE FL 32222

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES POWELL

OWNER

04/29/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date