

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000063833

**Entity Name:** LEGAL DEBT MEDIATION, LLC

**Current Principal Place of Business:**

5310 LENOX AVENUE  
STE 7  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

PO BOX 440252  
JACKSONVILLE, FL 32222 US

**FEI Number:** 46-2382358

**Certificate of Status Desired:** Yes

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

POWELL, JAMES  
5310 LENOX AVENUE  
STE 7  
JACKSONVILLE, FL 32205 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 PO BOX 440252  
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

MGR

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date