

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L07000017359**

1. Entity Name  
**USA CREDIT SOLUTIONS LLC**



FILED

09 MAR 31 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7012 NW 114 CT  
DORAL, FL 33178

Mailing Address  
7012 NW 114 CT  
DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102009 REIN-LLC CR2E101 (1/07)



4. FEI Number

**20-8472574**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARROS, HILDO E SR.**  
7012 NW 114 CT  
DORAL, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HILDO E. BARROS**

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

03/10/2009

DATE

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 637.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **BARROS, ALEJANDRO E SR.**  
CITY-ST-ZIP **5424 NW 109 CT  
DORAL, FL 33178**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900147953159**  
**03/30/09--01034--018 \*\*277.50**

TITLE  Delete  
NAME  
STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 638, Florida Statutes.

SIGNATURE: **ALEJANDRO E. BARROS**

*[Signature]*

03/10/2009

786 488 9095

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #