

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006866

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNITED AMERICAN CREDIT CONSULTANTS, LLC

**Current Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 US

**New Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 US

**Current Mailing Address:**

5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 US

**New Mailing Address:**

5835 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

OLIVA, OTTO  
5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 US

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

OLIVA, OTTO  
5835 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 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: \_\_\_\_\_ 04/30/2009  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLIVA, OTTO  
Address: 5835 BLUE LAGOON DRIVE #200  
City-St-Zip: MIAMI, FL 33126 US

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: OLIVA, OTTO  
Address: 5835 BLUE LAGOON DRIVE #100  
City-St-Zip: MIAMI, FL 33126 US

Title: MGR (X) Delete  
Name: MEDINA, AGUSTIN  
Address: 5835 BLUE LAGOON DRIVE #200  
City-St-Zip: MIAMI, FL 33126 US

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: OTTO OLIVA                      PD                      04/30/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date