

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002867

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: BAY AREA CREDIT SERVICE LLC

**Current Principal Place of Business:**

1901 W. 10TH STREET  
ANTIOCH, CA 94509

**New Principal Place of Business:**

**Current Mailing Address:**

1901 W. 10TH STREET  
ANTIOCH, CA 94509

**New Mailing Address:**

FEI Number: 77-0611900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: CHADHA, PAR  
Address: 97 E. BROKAW RD #240  
City-St-Zip: SAN JOSE, CA 95112

Title: MGR ( ) Delete  
Name: RAJADHY AKSHA, SUNIL  
Address: 97 E. BROKAW RD # 240  
City-St-Zip: SAN JOSE, CA 95112

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHADHA, PAR  
Address: 1901 W. 10TH STREET  
City-St-Zip: ANTIOCH, CA 94509

Title: MGR (X) Change ( ) Addition  
Name: RAJADHY AKSHA, SUNIL  
Address: 1901 W. 10TH STREET  
City-St-Zip: ANTIOCH, CA 94509

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: PAR CHADHA

MGR

01/26/2009

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