

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000058998

**Entity Name:** KENDALL CREDIT AND BUSINESS SERVICE, INC.

**FILED**  
**Feb 20, 2018**  
**Secretary of State**  
**CC1210746277**

**Current Principal Place of Business:**

8500 SW 117 RD  
2ND FLOOR  
MIAMI, FL 33183

**Current Mailing Address:**

6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 US

**FEI Number: 65-0434778**

**Certificate of Status Desired: No**

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

FRIEDMAN, DAVID R  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 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

**Officer/Director Detail :**

Title P  
Name KEELEY, BRIAN E  
Address 6855 RED ROAD SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title V  
Name ARSENAULT, MATTHEW V  
Address 6855 RED ROAD SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title VP  
Name GODFREY, KAREN  
Address 6855 RED ROAD SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title ST  
Name LAWSON, RALPH E  
Address 6855 RED ROAD SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN GODFREY**

**VP**

**02/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date