

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000102629

Entity Name: BETHEL CREDIT SOLUTIONS LLC**Current Principal Place of Business:**1426 W . BUSCH BLVD
STE 101
TAMPA, FL 33612**Current Mailing Address:**1426 W BUSCH BLVD
STE 101
TAMPA, FL 33612 US**FEI Number:** 46-2086186**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETHEL BUSINESS SOLUTIONS
1426 W . BUSCH BLVD
STE 101
TAMPA, FL 33612 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:** ALICIA GRIFFIN

04/08/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO, AUTHORIZED MEMBER
Name GRIFFIN, TERRENCE
Address 10144 ARBOR RUN DR
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER, CEO
Name GRIFFIN, ALICIA
Address 10144 ARBOR RUN DR
City-State-Zip: TAMPA FL 33647

Title MGMR
Name MALOY, JAKISHA
Address 10144 ARBOR RUN DR
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER
Name FENNIE, JASMINE
Address 2828 HAYES RD
City-State-Zip: HOUSTON TX 77082

Title MGR
Name WARE, JACARA
Address 2828 HAYES RD
City-State-Zip: HOUSTON TX 77082

Title OFFICER
Name PAULK, LINDA
Address 1426 W . BUSCH BLVD
STE 101
City-State-Zip: TAMPA FL 33612

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: ALICIA GRIFFIN

CEO

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date