

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000031679

Entity Name: CENTRAL CREDIT SERVICES LLC

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
SUITE 500
JACKSONVILLE, FL 32225-8169

Current Mailing Address:

20 CORPORATE HILLS DRIVE
ST. CHARLES, , MO 63301 US

FEI Number: 38-3900503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATIO SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title MGR
Name BARRIST, MICHAEL J
Address 50 WEST SKIPPACK PIKE
City-State-Zip: AMBLER PA 19002

Title MANAGING MEMBER
Name ECCLESTON, JAMES JOHN
Address 9550 REGENCY SQUARE BLVD
SUITE 500
City-State-Zip: JACKSONVILLE FL 32225

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: MICHAEL BARRIST

MGR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date