2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# L02000010262

Entity Name: CREDIT UNION SERVICES, LLC

Current Principal Place of Business:

711 E. HENDERSON AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172599
TAMPA, FL 33672

New Mailing Address:

FEI Number: 01-0676994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HELBER, RICHARD
711 E. HENDERSON AVENUE
TAMPA, FL 33602 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:	MGRM	( ) Delete
Name:	THOMPSON, VICKIE	
Address:	1215 SCOTTSLAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGR	( ) Delete
Name:	HELBER, RICHARD	
Address:	18729 CHAVILLE RD	
City-St-Zip:	LUTZ, FL 33549	
Title:	MGRM	( ) Delete
Name:	FRANCES, JAMES	
Address:	1812 ALCORN RD	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGR	( ) Delete
Name:	BEAUCHAMP, CHARLIE	
Address:	12710 CALLIE JANE LANE	
City-St-Zip:	DOVER, FL 33527	
Title:	MGRM	( ) Delete
Name:	THORNHILL, HARRISON L	
Address:	3200 LUCERNE PARK RD	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM	( ) Delete
Name:	BASS, ROSE MARIE	
Address:	15904 TREVOSE LANE	
City-St-Zip:	ODESSA, FL 33556	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	BRAD, HIENS	
Address:	5885 27TH STREET SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	
Title:	MGRM	(X) Change ( ) Addition
Name:	BEAUCHAMP, CHARLIE	
Address:	12710 CALLIE JANE LANE	
City-St-Zip:	DOVER, FL 33527	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: RICHARD HELBER MGR 05/28/2008

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