

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008110

FILED  
Jul 15, 2005  
Secretary of State

Entity Name: BEACON CREDIT REPAIR & SERVICES, LLC

## Current Principal Place of Business:

10014 N. DALE MABRY HWY.  
SUITE# 101  
TAMPA, FL 33618 US

## New Principal Place of Business:

10012 N. DALE MABRY HWY.  
SUITE# 106  
TAMPA, FL 33618 US

## Current Mailing Address:

10014 N. DALE MABRY HWY.  
SUITE# 101  
TAMPA, FL 33618 US

## New Mailing Address:

10012 N. DALE MABRY HWY.  
SUITE# 106  
TAMPA, FL 33618 US

FEI Number: 20-1020631      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:

FONTENOY, SHON D  
10014 N. DALE MABRY HWY.  
SUITE #101  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

FONTENOY, SHON D  
10012 N. DALE MABRY HWY.  
SUITE # 106  
TAMPA, FL 33618 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: SHON D. FONTENOY

07/15/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FONTENOY, SHON D  
Address: 10014 N. DALE MABRY HWY. SUITE #101  
City-St-Zip: TAMPA, FL 33618 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FONTENOY, SHON D  
Address: 10012 N. DALE MABRY HWY. SUITE #106  
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHON D. FONTENOY

MGRM

07/15/2005

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