

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061827

Entity Name: CREDIT COUNSELORS USA, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2950 W CYPRESS CREEK RD
308
FT LAUDERDALE, FL 33309

New Principal Place of Business:

6600 TAFT ST.
2ND FLOOR
HOLLYWOOD, FL 33024

Current Mailing Address:

PO BOX 1173
DEERFIELD BEACH, FL 33443 US

New Mailing Address:

FEI Number: 20-0814976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, LIPFIELD A MGRM
2950 W CYPRESS CREEK RD
308
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MITCHELL, LIPFIELD A MGRM
6600 TAFT ST.
2ND FLOOR
HOLLYWOOD, FL 33024 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: MITCHELL LIPFIELD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIPFIELD, MITCHELL A MGRM
Address: 2950 W CYPRESS CREEK RD
City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIPFIELD, MITCHELL A MGRM
Address: 6600 TAFT ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR () Change (X) Addition
Name: KEVIN, COCHRAN MGR
Address: 20810 CONCORD GREEN DRIVE W
City-St-Zip: BOCA RATON, FL 33433

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: MITCHELL LIPFIELD

MGRM

04/30/2009

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