

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073758

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** CONSUMER CREDIT RESOLUTION, LLC

**Current Principal Place of Business:**

708 FLORIDA BLVD  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

4417 CAROLYN LN  
ST AUGUSTINE, FL 32096 US

**Current Mailing Address:**

708 FLORIDA BLVD  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

4417 CAROLYN LN  
ST AUGUSTINE, FL 32096 US

FEI Number: 20-2166834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKE, WILLIAM J III  
708 FLORIDA BLVD  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

PARKE, WILLIAM J III  
4417 CAROLYN LN  
ST AUGUSTINE, FL 32096 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: WILLIAM J PARKE

03/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARKE, WILLIAM J III  
Address: 4417 CAROLYN LN  
City-St-Zip: ST AUGUSTINE, FL 32096

Title: MGR  
Name: PARKE, PRISCILLA J  
Address: 4417 CAROLYN LN  
City-St-Zip: ST AUGUSTINE, FL 32096

I hereby 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: WILLIAM J PARKE

MGRM

03/17/2010

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