

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# L05000003725

Entity Name: CREDIT SOLUTIONS LLC

**Current Principal Place of Business:**

60 137TH AVE CIRCLE  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

60 137TH AVE CIRCLE  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 20-2193274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHALLEY, THOMAS H JR.  
60 137TH AVE CIRCLE  
MADEIRA BEACH, FL 33708      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: CEO      ( ) Delete  
Name: WHALLEY, THOMAS H JR  
Address: 60 137TH AVE CIRCLE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: PRES      ( ) Delete  
Name: KLEM, SANDRA J  
Address: 60 137TH AVE CIRCLE  
City-St-Zip: MADEIRA BEACH, FL 33708

**ADDITIONS/CHANGES:**

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: TOM WHALLEY

CEO

04/14/2009

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