

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093146 1. Entity Name FIRST RATE CREDIT REPAIR, LLC	
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Principal Place of Business 21974 CYPRESS DRIVE #42A BOCA RATON, FL 33433 US	Mailing Address PO BOX 880093 BOCA RATON, FL 33488 US
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DO NOT WRITE IN THIS SPACE

01302007 No Chg-LLC

CR2E003 (11/05)

4. FEI Number
65-1260017

App
Not

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIFER, STEPHEN C
21974 CYPRESS DRIVE
42A
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

8. 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, in connection with, and the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

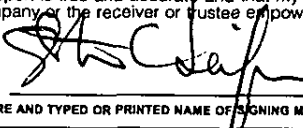
**Filing Fee is \$50.00
Due by May 1, 2007**

000000757148
05/23/07-80059-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIFER, STEPHEN C 21974 CYPRESS DRIVE, #42A BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a manager, member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Stephen C. Leifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/07
Date

561-852-4905
Carrying Phone #