

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007435

FILED
Feb 16, 2007
Secretary of State

Entity Name: CITY CREDIT SERVICES, LLC

Current Principal Place of Business:

3202 COLWELL AVE
1402
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 280374
TAMPA, FL 33682

New Mailing Address:

PO BOX 777393
HENDERSON, NV 89077

FEI Number: 84-1700353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLEN, GIFFARD R
3202 COLWELL AVE
1402
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ALICIA, MCLEAN
3202 COLWELL AVE
1402
TAMPA, FL 33614 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: ALICIA MCLEAN

02/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: BULLEN, GIFFARD R
Address: 3202 COLWELL AVE
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: MCLEAN, ALICIA S
Address: 3202 COLWELL AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCLEAN, ALICIA S
Address: 3202 COLWELL AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICIA MCLEAN

MGRM

02/16/2007

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