

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030993

Entity Name: MY CREDIT MEDIC, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

7765 LAKE WORTH RD
303
LAKE WORTH, FL 33464

New Principal Place of Business:

5910 N. DIXIE HWY
WEST PALM BEACH, FL 33405

Current Mailing Address:

7765 LAKE WORTH RD
303
LAKE WORTH, FL 33464

New Mailing Address:

1107 N. FEDERAL HWY
A
LAKE WORTH, FL 33460

FEI Number: 20-4556068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CHRISTINE
7765 LAKE WORTH RD
303
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

MILLER, CHRISTINE
1107 N. FEDERAL HWY
A
LAKE WORTH, FL 33460 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: _____

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, CHRISTINE
Address: 7765 LAKE WORTH RD #303
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, CHRISTINE
Address: 1107 N. FEDERAL HWY SUITE A
City-St-Zip: LAKE WORTH, FL 33460

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: CHRISTINE MILLER

MGR

04/08/2008

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